

2019 SWIMMING NEW SOUTH WALES MULTI-CLASS ANNUAL CHAMPIONSHIPS



LONG COURSE

DATE: Sunday October 13, 2019

TIME: 8:00am Registration - 9:00am Start

VENUE: Ryde Aquatic Leisure Centre, 504 Victoria Road, Ryde

CLOSING DATE: 5pm Tuesday October 1, 2019 NO LATE ENTRIES WILL BE ACCEPTED

PERSONAL DETAILS				
First Name:		_ Surname:		
Address:			F	Post Code:
Sex (Circle): F / M Date of Birth:				
Phone: (H) (M)				
Email:				
Club/Association you are re			b, CPSARA etc): _	
CLASSIFICATION:				
Amp/CP/WC1-		ımbers for th	e relevant	I have not been classified
Blind11,12,13		n the boxes	below:	before:
Deaf	45	SB 🗌	SM 🗌	
Transplant	16 5 1	ם עכ	D1V1	

ENTRY FEES:

Entry fee is: \$10.00 per event. You may enter a maximum of 5 events.

PLEASE TICK THE EVENTS BELOW THAT YOU WISH TO ENTER AND FILL IN YOUR BEST ENTRY TIME

Event Nu	ımbers	Event Description	Entry Time
Boys	Girls		
1	□ 2	400m Freestyle - QT 10:00.00	
□ 3	4	50m Freestyle	
□ 5	6	100m Breaststroke	
7	88	200m Backstroke - QT 4:30.00	
9	10	100m Freestyle	
□ 11	12	50m Butterfly	
☐ 13	14	200m Freestyle - QT 4:30.00	
☐ 15	☐ 16	50m Backstroke	
□ 17	18	200m Breaststroke - QT 4:30.00	
☐ 19	20	100m Butterfly	
□ 21	22	50m Breaststroke	
23	24	100m Backstroke	
25	26	200m Butterfly - QT 4:30.00	
27	28	150m IM	
29	30	200m IM	

Medicare Number:	
Emergency Contact Name:	Phone:
Medication (Type & Dosage):	
Do you have any allergies?	
Please provide a full description of your disability:	
 of any subsequent medication requirements. In the event of an emergency I hereby permit seek medical attention for me. I agree to allow Swimming NSW and Comr child's/my ward's name and any photograph promotion of services and initiatives. 	al conditions suffered by me/my child/my ward and the co-ordinators of Swimming NSW Swim Meet munities NSW - Sport and Recreation to use many of me/my child/my ward at this event for the try form can be forwarded to my Association/Clu
Signature:	
(athlete/parent/guardian must be 18 Years or over) PLEASE FORWARD THIS ENTRY FORM WITH YO	UR FEE ATTACHED BY THE CLOSING DATE
PLEASE FORWARD THIS ENTRY FORM WITH YO	UR FEE ATTACHED BY THE CLOSING DATE
PLEASE FORWARD THIS ENTRY FORM WITH YO I am paying by: Cheque Money Order	UR FEE ATTACHED BY THE CLOSING DATE PLEASE SEND ENTRIES VIA: Post:
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PLEASE FORWARD THIS ENTRY FORM WITH YO I am paying by: Cheque Money Order Please make cheques/money orders payable to: Swimming NSW Ltd. I am paying by: Direct Debit Swimming NSW Ltd. Commonwealth Bank BSB: 062-172	PLEASE SEND ENTRIES VIA: Post: Swimming NSW PO Box 571 SYDNEY MARKETS NSW 2129 Email: shannon.smith@nsw.swimming.org.au
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- vvitndrawai from an event(s) must be communicated to the registration desk on arrival or to the marshalling desk during the meet at least 2 events in advance of the withdrawal.

 5. **S11 Swimmers** are required to wear blacked-in goggles for all events and to be tapped
- at the end of the pool.

 6. Swimming NSW Rules apply