

**SHORT COURSE**

**DATE:** Saturday August 10, 2019  
**TIME:** 12:00pm Registration - 1:30pm Start  
**VENUE:** Ryde Aquatic Leisure Centre, 504 Victoria Road, Ryde  
**CLOSING DATE:** 5pm Tuesday July 30, 2019 **NO LATE ENTRIES WILL BE ACCEPTED**

**PERSONAL DETAILS:**

First Name: _____		Surname: _____	
Address: _____			Post Code: _____
Sex (Circle): F / M	Date of Birth: _____	Age at Date of this Event: __ yrs	
Phone: (H) _____	(M) _____		
Email: _____			
Club/Association you are representing (Ryde Swimming Club, CPSARA etc): _____			

**CLASSIFICATION:**

Amp/CPWC .....1-10 Blind .....11,12,13,84 ID .....14 Deaf .....15 Transplant .....16	Please use numbers for the relevant classification in the boxes below:  S <input type="checkbox"/> SB <input type="checkbox"/> SM <input type="checkbox"/>	I have not been classified before:  <input type="checkbox"/>
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**ENTRY FEES:**

Entry fee is: \$8.00 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 Numbers		Event Description	Entry Time
Boys	Girls		
<input type="checkbox"/> 1		Mixed Event	15m Participation
<input type="checkbox"/> 3	<input type="checkbox"/> 4	400m Freestyle - QT 10:00.00	
<input type="checkbox"/> 5	<input type="checkbox"/> 6	50m Freestyle	
<input type="checkbox"/> 7	<input type="checkbox"/> 8	100m Breaststroke	
<input type="checkbox"/> 9	<input type="checkbox"/> 10	200m Backstroke - QT 4:30.00	
<input type="checkbox"/> 11		Mixed Event	25m Backstroke
<input type="checkbox"/> 12		Mixed Event	15m Participation
<input type="checkbox"/> 13	<input type="checkbox"/> 14	100m Freestyle	
<input type="checkbox"/> 15		Mixed Event	25m Breaststroke
<input type="checkbox"/> 17	<input type="checkbox"/> 18	50m Butterfly	
<input type="checkbox"/> 19	<input type="checkbox"/> 20	200m Freestyle - QT 4:30.00	
<input type="checkbox"/> 21		Mixed Event	25m Freestyle
<input type="checkbox"/> 23	<input type="checkbox"/> 24	50m Backstroke	
<input type="checkbox"/> 25	<input type="checkbox"/> 26	200m Breaststroke - QT 4:30.00	
<input type="checkbox"/> 27		Mixed Event	25m Butterfly
<input type="checkbox"/> 29	<input type="checkbox"/> 30	100m Butterfly	
<input type="checkbox"/> 31	<input type="checkbox"/> 32	50m Breaststroke	
<input type="checkbox"/> 33	<input type="checkbox"/> 34	100m Backstroke	
<input type="checkbox"/> 35	<input type="checkbox"/> 36	200m Butterfly - QT 4:30.00	
<input type="checkbox"/> 37	<input type="checkbox"/> 38	75m IM	
<input type="checkbox"/> 39	<input type="checkbox"/> 40	100 IM	
<input type="checkbox"/> 41	<input type="checkbox"/> 42	150m IM	
<input type="checkbox"/> 43	<input type="checkbox"/> 44	200m IM	

## MEDICAL DETAILS

Medicare Number:

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication (Type & Dosage): \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please provide a full description of your disability: \_\_\_\_\_

## DECLARATION AND MEDIA CONSENT

- I have advised Swimming NSW of any medical conditions suffered by me/my child/my ward and of any subsequent medication requirements.
- In the event of an emergency I hereby permit the co-ordinators of Swimming NSW Swim Meet to seek medical attention for me.
- I agree to allow Swimming NSW and Communities NSW - Sport and Recreation to use my child's/my ward's name and any photography of me/my child/my ward at this event for the promotion of services and initiatives.
- I agree that information supplied with this entry form can be forwarded to my Association/Club where necessary.

Signature: \_\_\_\_\_

(athlete/parent/guardian must be 18 Years or over)

**PLEASE FORWARD THIS ENTRY FORM WITH YOUR FEE ATTACHED BY THE CLOSING DATE**

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**
- **Account Number: 1028 3026**
- **Description: MC 3 2019 (and your name)**

**\*\* NO CASH IS TO BE FOWARDED BY MAIL \*\***

## PLEASE SEND ENTRIES VIA:

### Post:

**Swimming NSW  
PO Box 571  
SYDNEY MARKETS NSW 2129**

### Email:

**shannon.smith@nsw.swimming.org.au**

### All enquiries -

- **Phone: (02) 9763 5833**

### Email:

**shannon.smith@nsw.swimming.org.au**

## SPECIAL CONDITIONS:

1. **A maximum of five (5) events is allowed.**
2. **NO LATE OR INCOMPLETE ENTRIES WILL BE ACCEPTED.**  
**Entries close 5pm Tuesday July 30, 2019**
1. Please note that no changes to events can be made after the closing date.
2. **Withdrawals - No refund given.**  
Withdrawal 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.
3. **S11 Swimmers** are required to wear blacked-in goggles for all events and to be tapped at the end of the pool.
4. **Entry in participation events (15m) excludes swimmers from entering any other distance.**
5. **Entry into a 25m event excludes swimmers from entering into a 100m or longer distance event in the same stroke.**
6. Swimming NSW Rules apply.