



2022 SWIMMING NEW SOUTH WALES MULTI-CLASS SWIM MEET #3

SHORT COURSE

DATE: Saturday 6th August 2022

TIME: Registration & Warm-up from 1:00pm, Racing Commences 2:00pm

VENUE: Knox Grammar School Aquatic Centre- 7 Woodville Ave, Waroonga 2076

CLOSING DATE: 5pm Tuesday July 26, 2022

First Name:	Surname:		
Address:	Post	: Code:	
Sex (Circle): F / M Date	of Birth: Age at Date of	Age at Date of this Event: yrs	
Phone: (H)	(M)		
Email:			
Club/Association you are repres	enting (Ryde Swimming Club, CPSARA etc):		
LASSIFICATION:			
Amp/CP/WC1-10 Blind11,12,13,84	Please use numbers for the relevant classification in the boxes below:	I have not been classified before:	
ID14 Deaf15 Transplant16	S SB SM		

ENTRY FEES: \$8.50 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		
1 Mixed Event	15m Participation	
□ 3 □ 4	400m Freestyle (QT 10:00.00)	
□ 5 □ 6	50m Freestyle	
7 8	100m Breaststroke	
☐ 9 ☐ 10	200m Backstroke (QT 4:30.00)	
11 Mixed Event	25m Backstroke	
12 Mixed Event	15m Participation	
☐ 13 ☐ 14	100m Freestyle	
15 Mixed Event	25m Breaststroke	
☐ 17 ☐ 18	50m Butterfly	
☐ 19 ☐ 20	200m Freestyle (QT 4:30.00)	
21 Mixed Event	25m Freestyle	
☐ 23 ☐ 24	50m Backstroke	
☐ 25 ☐ 26	200m Breaststroke (QT 4:30.00)	
27 Mixed Event	25m Butterfly	
29 30	100m Butterfly	
☐ 31 ☐ 32	50m Breaststroke	
33 34	100m Backstroke	
☐ 35 ☐ 36	200m Butterfly (QT 4:30.00)	
37 38	75m IM	
39 40	100 IM	
	150m IM	
<u> </u>	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 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 payi	ing by:	
Cheque		Direct Deposit \square Swim Central

For Direct Deposit Payments:

- Swimming NSW Ltd.
- Commonwealth Bank
- BSB: 062-172
- Account Number: 1028 3026
- Description: MC 3 2022 (and your name)

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

If not placing entries via swim central,

PLEASE SEND ENTRIES VIA:

Email:

greta.brodie@nsw.swimming.org.au

OR

Post:

Swimming NSW

PO Box 571

SYDNEY MARKETS NSW 2129

All enquiries -

• Phone: 0419 463 651

Email: greta.brodie@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 26, 2022

- 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.