



# 2024 SWIMMING NEW SOUTH WALES MULTI-CLASS SWIM MEET #2

#### SHORT COURSE

DATE: TIME: VENUE: CLOSING DATE:	Saturday 18 May, 2024 9am: Registration & Warm-up, 8.00am: Racing Commences: 9.00am Sydney Olympic Park Aquatic Centre 5pm, Tuesday 7 <sup>th</sup> May 2024		
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:

	Please use numbers for the relevant classification in the boxes below:	I have not been classified before:
ID 14		
Deaf15	S SB SM	
Transplant		
Downs Syndrome18 Autism19		

# ENTRY FEES:

# Entry fee is: \$11.50 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	2	400m Freestyle (QT 10:00.00)	
3	4	50m Freestyle	
5	6	100m Breaststroke	
7	8	200m Backstroke (QT 4:30.00)	
9	10	25m Backstroke	
11	12	100m Freestyle	
13	14	25m Breaststroke	
15	16	50m Butterfly	
17	18	200m Freestyle (QT 4:30.00)	
19	20	25m Freestyle	
21	22	50m Backstroke	
23	24	200m Breaststroke (QT 4:30.00)	
25	26	25m Butterfly	
27	28	100m Butterfly	
29	30	50m Breaststroke	
31	32	100m Backstroke	
33	34	200m Butterfly (QT 4:30.00)	
35	36	150m IM	
37	38	200m IM (QT 4:30.00)	

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					
<ul> <li>I have advised Swimming NSW of any medical conditions suffered by me/my child/my ward and of any subsequent medication requirements.</li> </ul>					
I am paying by:	If not placing entries via swim central,				
Cheque  Direct Deposit  Swim Central	PLEASE SEND ENTRIES VIA:				
	Post: Swimming NSW PO				
For Direct Deposit Payments:	Box 571				
Swimming NSW Ltd.	SYDNEY MARKETS NSW 2129				
Commonwealth Bank	OR				
• BSB: 062-172	Email:				
Account Number: 1028 3026	events@nsw.swimming.org.au				
<ul> <li>Description: MC 1 2023 (and your name)</li> </ul>					
	All enquiries -				
** <u>NO CASH IS TO BE FOWARDED BY MAIL</u> **	• Phone: 0419 463 651				
	Email: events@nsw.swimming.org.au				
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 the Office of Sport 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.

### **SPECIAL CONDITIONS:**

- **1.** Maximum of five (5) events is allowed.
- 2. NO LATE OR INCOMPLETE ENTRIES WILL BE ACCEPTED. Entries close 5pm Tuesday 7<sup>TH</sup> May 2024
- 3. Please note that no changes to events can be made after the closing date.
- 4. Withdrawals: 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.
- 5. S11 Swimmers are required to wear blacked-in goggles for all events and to be tapped at the end of the pool.
- 6. Entry into a 25m event excludes swimmers from entering a 100m or longer distance event in the same stroke.
- 7. Swimming NSW Rules apply.