

**2024 SWIMMING NEW SOUTH WALES
MULTI-CLASS SWIM MEET #1**

LONG COURSE

DATE: Sunday March 3rd
TIME: 12:00pm: Registration & Warm-up, 1:00pm: Racing Commences
VENUE: Blacktown Aquatic Centre- 4 Boyd St, Blacktown 2148

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): _____

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 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)