

**LONG COURSE**

**DATE:** Sunday 5<sup>th</sup> March, 2023  
**TIME:** 12:00pm: Registration & Warm-up, 1:00pm: Racing Commences  
**VENUE:** Blacktown Aquatic Centre- 4 Boyd St, Blacktown 2148  
**CLOSING DATE:** 5pm, Tuesday 21<sup>st</sup> February 2023

**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/CP/WC..... 1-10 Blind ..... 11,12,13,84 ID ..... 14 Deaf.....15 Transplant ..... 16 Downs Syndrome.....18 Autism.....19	Please use numbers for the relevant classification in the boxes below:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>S <input style="width: 40px; height: 30px;" type="text"/></div> <div>SB <input style="width: 40px; height: 30px;" type="text"/></div> <div>SM <input style="width: 40px; height: 30px;" type="text"/></div> </div>	I have not been classified before:  <div style="text-align: center;"> <input style="width: 40px; height: 30px;" type="text"/> </div>
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**ENTRY FEES:**

**Entry fee is: \$9.00 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	<input type="checkbox"/> 2	400m Freestyle (QT 10:00.00)	
<input type="checkbox"/> 3	<input type="checkbox"/> 4	50m Freestyle	
<input type="checkbox"/> 5	<input type="checkbox"/> 6	100m Breaststroke	
<input type="checkbox"/> 7	<input type="checkbox"/> 8	200m Backstroke (QT 4:30.00)	
<input type="checkbox"/> 9	<input type="checkbox"/> 10	25m Backstroke	
<input type="checkbox"/> 11	<input type="checkbox"/> 12	100m Freestyle	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	25m Breaststroke	
<input type="checkbox"/> 15	<input type="checkbox"/> 16	50m Butterfly	
<input type="checkbox"/> 17	<input type="checkbox"/> 18	200m Freestyle (QT 4:30.00)	
<input type="checkbox"/> 19	<input type="checkbox"/> 20	25m Freestyle	
<input type="checkbox"/> 21	<input type="checkbox"/> 22	50m Backstroke	
<input type="checkbox"/> 23	<input type="checkbox"/> 24	200m Breaststroke (QT 4:30.00)	
<input type="checkbox"/> 25	<input type="checkbox"/> 26	25m Butterfly	
<input type="checkbox"/> 27	<input type="checkbox"/> 28	100m Butterfly	
<input type="checkbox"/> 29	<input type="checkbox"/> 30	50m Breaststroke	
<input type="checkbox"/> 31	<input type="checkbox"/> 32	100m Backstroke	
<input type="checkbox"/> 33	<input type="checkbox"/> 34	200m Butterfly (QT 4:30.00)	
<input type="checkbox"/> 35	<input type="checkbox"/> 36	150m IM	
<input type="checkbox"/> 37	<input type="checkbox"/> 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

- I have advised Swimming NSW of any medical conditions suffered by me/my child/my ward and of any subsequent medication requirements.

I am paying by:

Cheque ☐ Direct Deposit ☐ Swim Central ☐

### For Direct Deposit Payments:

- Swimming NSW Ltd.
- Commonwealth Bank
- BSB: 062-172
- Account Number: 1028 3026
- Description: MC 1 2023 (and your name)

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

**If not placing entries via swim central,  
PLEASE SEND ENTRIES VIA:**

**Post:**

Swimming NSW PO  
Box 571  
SYDNEY MARKETS NSW 2129

OR

**Email:**

[greta.brodie@nsw.swimming.org.au](mailto:greta.brodie@nsw.swimming.org.au)

**All enquiries -**

- Phone:** 0419 463 651
- Email:** [greta.brodie@nsw.swimming.org.au](mailto:greta.brodie@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 wit your fee attached by the closing date.**

## SPECIAL CONDITIONS:

- Maximum of five (5) events is allowed.
- NO LATE OR INCOMPLETE ENTRIES WILL BE ACCEPTED. Entries close 5pm Tuesday 21<sup>st</sup> February 2022
- Please note that no changes to events can be made after the closing date.
- 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.
- S11 Swimmers** are required to wear blacked-in goggles for all events and to be tapped at the end of the pool.
- Entry into a 25m event excludes swimmers from entering a 100m or longer distance event in the same stroke.
- Swimming NSW Rules apply.