

DISABILITY SWIMMING SWIMMER ID TRACKER FORM



NAME OF SWIMMER	ADDRESS	TEL.NO.	E-MAIL		
DATE OF BIRTH	DISABILITY/IMPAIRMENT	DETAILS	CLASSIFICATION		
	Physical <input type="checkbox"/>		(if known)		
	Wheelchair user <input type="checkbox"/>				
	Hearing <input type="checkbox"/>				
	Visual <input type="checkbox"/>				
	Learning Disability <input type="checkbox"/>				
NAME OF PARENT/GUARDIAN	ADDRESS	TEL.NO.	E-MAIL		
SWIMMING CLUB	SWIM SCHOOL	SCHOOL	NUMBER OF YEARS SWIMMING		
NAME OF TEACHER/COACH			E-MAIL		
NO.OF HOURS PER WEEK(please tick box)	LESS THAN 1 (Lessons) <input type="checkbox"/>	1 TO 3 (Lane swimmer) <input type="checkbox"/>	OVER 3 (Competitive swimmer) <input type="checkbox"/>		
ACHIEVEMENTS:	HIGHEST AWARD/BADGE/CERT		BEST TIMES:		
	15m		25m	50m	100m
FREESTYLE	<input type="checkbox"/>				
BACKCRAWL	<input type="checkbox"/>				
BREASTSTROKE	<input type="checkbox"/>				
OTHER SPORT INTEREST/INVOLVEMENT					

Return to:

Lisa Dargavel, the Medway Building, Loughborough University, Epinal Way, Loughborough, Leics. LE11 3TU. Fax:01509 223998

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Criteria:

Swimmers need to be able to swim a minimum of 15m on front or back or both.

The swim needs to be of a recognised stroke.

Where swimmers can swim 25m or more, times need to be entered for the relevant strokes.

If the swimmer is under the age of 18 this form should be completed and returned by the parent or person in 'loco parentis', but must still be signed by the swimmer .

Signature of swimmer

Full Name in Block Capitals

Signature of parent or person in 'loco parentis'

Full Name in Block Capitals

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