

SOUTH EAST WALES REGION SHORT COURSE (25m) CHAMPIONSHIPS

(under SWIM WALES (Welsh A.S.A. Ltd) Laws)

10th/11th and 17th/18th FEBRUARY 2007

SOUTH EAST WALES REGIONAL POOL, NEWPORT

ENTRY FORM

LAST NAME: _____		MIDDLE INITIAL _____	FIRST NAME [IN FULL] _____	
PREFERRED NAME _____		MALE / FEMALE _____	DATE OF BIRTH: ____/____/____	
ADDRESS: _____		AGE _____		
_____		POST CODE: _____	TEL NO: _____	
E-MAIL _____		NAME OF CLUB [IN FULL]: _____		
ALL INFORMATION WILL BE RETURNED TO YOUR CLUB			REG. NO:	

COMPLETED ENTRIES TO BE RETURNED TO Mrs Sheila ROBERTS, 4 WALLIS CLOSE, OSBASTON PARK, MONMOUTH, NP25 3NS.

CLOSING DATE FOR ENTRIES: FRIDAY 5th JANUARY 2007

TIMES MUST BE ACHIEVED IN THE 12 MONTHS PRIOR TO THE MEET

£3.50 <i>PER INDIVIDUAL EVENT</i>	<i>DATE & VENUE WHERE ENTRY TIME WAS ACHIEVED</i>	<i>ENTRY TIME</i> <i>(see separate page)</i>
100m Freestyle		: .
200m Freestyle		: .
400m Freestyle		: .
800m Freestyle		: .
1500m Freestyle		: .
100m Backstroke		: .
200m Backstroke		: .
100m Breaststroke		: .
200m Breaststroke		: .
100m Butterfly		: .
200m Butterfly		: .
200m Individual Medley		: .
400m Individual Medley		: .

AGE AS AT 9th APRIL 2007

NUMBER OF EVENTS @ £3.50 PER EVENT TOTAL: £ ____ : ____

ALL COMPETITORS IN THIS EVENT MUST BE REGISTERED WITH A CLUB WITHIN THE EAST WALES REGION. SWIMMERS ARE ASKED TO MAKE EVERY EFFORT TO ENSURE THAT THEIR SUBMITTED TIMES ARE ACCURATE. CLUB SECRETARIES MUST ENSURE THAT ALL TIMES SUBMITTED HAVE BEEN MADE IN AN APPROPRIATE EVENT BEFORE THEY SIGN THE ENTRY FORM.

WITHDRAWALS

Notify the Meet Office (tel.07732 549 628 or 01600 713 505) of any withdrawal by 5.00pm on the day before the competition

An individual competitor shall be fined the sum of £3.50 if he/she fails to notify the Meet Office of a withdrawal. Failure to pay this fine may result in exclusion from future events.

TO BE COMPLETED BY THE COMPETITOR: I declare that the above particulars are correct and agree to abide by the conditions laid down by the SOUTH EAST WALES REGION and SWIM WALES. for this event.

I accept that there will be no refund for incorrectly submitted entries.

Signature of Competitor: _____ Date: _____

I certify that the above information is correct: _____ (Signed - CLUB SECRETARY)

Before signing, please check that the above times have been made in an appropriate event.

I declare that the above competitor has reached the standard of the ASA Competitive Start Award and is permitted to start with a shallow dive from the starting blocks into shallow water of between 0.9m and 1.5m. If you are unable to sign the above declaration the swimmer must start in the water – see Safety Guidelines for Competitive Swimming issued by WASA. _____ (Coach)

I confirm that I am a person having parental responsibility for _____ in accordance with the Child Act 1989 and that I _____ have read the Championship Information and Conditions particularly those relating to Health and Safety and that my son/daughter/ward will abide by those conditions. I further acknowledge that I have read the meet information and I agree to accept these conditions.

Signature of Parent/Guardian: _____ Date: _____

The organisers reserve the right to return entries if the meet is oversubscribed.

SOUTH EAST WALES REGION SHORT COURSE (25m) CHAMPIONSHIPS

(under SWIM WALES (Welsh A.S.A. Ltd) Laws)

10th/11th and 17th/18th FEBRUARY 2007
SOUTH EAST WALES REGIONAL POOL, NEWPORT

TEAM ENTRY FORM

ONE TEAM PER CLUB IN EACH AGE GROUP

NAME OF CLUB [IN FULL] _____

NAME & ADDRESS OF PERSON TO WHOM CONFIRMATION ETC. SHOULD BE SENT: _____

TELEPHONE NO: _____ E-MAIL: _____

The names of competitors must be submitted to the recorders (using the official "Team Declaration Form/s")
at least 60 minutes prior to the start of the relevant session.

TO ENTER, PLEASE ENTER A TIME IN THE RELEVANT BOX(ES)

AGE AS AT 9th APRIL 2007

GIRLS	11/under	12/13yrs	14/15yrs	16 /over
4 x 100m Freestyle Relay	__:__.__	__:__.__	 	
4 x 200m Freestyle Relay	 	 	__:__.__	__:__.__
4 x 100m Medley Relay	__:__.__	__:__.__	__:__.__	__:__.__
BOYS	12/under	13/14yrs	15/16yrs	17/over
4 x 100m Freestyle Relay	__:__.__	__:__.__	 	
4 x 200m Freestyle Relay	 	 	__:__.__	__:__.__
4 x 100m Medley Relay	__:__.__	__:__.__	__:__.__	__:__.__

Total number of events _____ **@ £7.00 per team per event. Total £** _____

Cheques made payable to: EAST WALES A.S.A.

I declare that the above particulars are correct and agree to abide by the conditions laid down by the
South East Wales Region and the Swim Wales for these Championships.

Signed: _____ Date: _____

Please return your completed form, with the **correct fee** to:
Mrs Sheila Roberts, 4 Wallis Close, Osbaston Park, MONMOUTH, NP25 3NS

CLOSING DATE FOR ENTRIES 5th JANUARY 2007.