

SOUTH EAST WALES REGION SHORT COURSE (25m) CHAMPIONSHIPS

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

8th 9th 10th and 15th 16th 17th FEBRUARY 2008
SOUTH EAST WALES REGIONAL POOL, NEWPORT
ENTRY FORM (please print clearly)

LAST NAME: _____	MIDDLE INITIAL _____	FIRST NAME [IN FULL] _____
PREFERRED NAME _____	MALE / FEMALE _____	DATE OF BIRTH: ____/____/____ AGE _____
ADDRESS: _____		
POST CODE: _____		TEL NO: _____
E-MAIL _____		NAME OF CLUB [IN FULL]: _____

ALL INFORMATION WILL BE RETURNED TO YOUR CLUB UNLESS A STAMPED ADDRESSED ENVELOPE IS ENCLOSED.	CURRENT SWIM WALES REGISTRATION NUMBER								
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COMPLETED ENTRIES TO BE RETURNED TO Mrs Sheila ROBERTS, 4 WALLIS CLOSE, OSBASTON PARK, MONMOUTH, NP25 3NS.

CLOSING DATE FOR ENTRIES: FRIDAY 4th JANUARY 2008

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 24th MARCH 2008	NUMBER OF EVENTS @ £3.50 PER EVENT TOTAL: £ ____ : ____
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ALL COMPETITORS IN THIS EVENT MUST BE REGISTERED WITH A CLUB WITHIN THE SOUTH 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)

Cheques to be made payable to S.E.W. SWIMMING. In the event of a refund having to be made, cheques should be made payable to

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 the 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.

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TEAM ENTRY FORM

ONE TEAM PER CLUB IN EACH AGE GROUP
this may also include Torfaen Performance Club

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 the start of the warm up for the relevant session.

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

GIRLS	7/ 11yrs	12/13yrs	14/15yrs	16 /over
	Age as at 28 th July 2008		Age as at 3 rd August 2008	
4 x 100m Freestyle Relay	__ : __. __	__ : __. __	_____	_____
4 x 200m Freestyle Relay	_____	_____	__ : __. __	__ : __. __
4 x 100m Medley Relay	__ : __. __	__ : __. __	__ : __. __	__ : __. __
BOYS	7/12yrs	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 £** _____

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 made payable to S/E/W/ SWIMMING**
To Mrs Sheila Roberts, 4 Wallis Close, Osbaston Park, MONMOUTH, NP25 3NS

CLOSING DATE FOR ENTRIES 4th JANUARY 2008.