Swim Conwy

Spring Meet 2024

Llandudno Swimming Centre

16-17th March 2024

ENTRY FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |   | **Club/ASA No** |   |
| **Address** |   | **DOB** |   |
| **Phone** |   | **Age 17/3/24** |   M/F |
| *please enter entry times below* |
| 50m Backstroke |   | 100m Backstroke |   |
| 200m Backstroke |   | 200m IM |   |
| 50m Breaststroke |  | 100m Breaststroke |  |
| 200 Breaststroke |   | 400 IM |   |
| 50m Freestyle |   | 100m Freestyle |   |
| 200 Freestyle |  | 400 Freestyle |   |
| 50m Butterfly |  | 100m Butterfly |  |
| 200 Butterfly |   | **Total Number of Entries @£6.25** |   |

I declare that the above particulars are correct and agree to abide by the Meet conditions**. I accept that there will be no refund of entry fees unless the Meet is oversubscribed.**

Signature of Competitor: ....................................................…………………………….Date:......................................

**SWIMMERS ARE WARNED THAT RANDOM DOPING CONTROL MAY TAKE PLACE DURING THIS MEET.** All competitors, and if competitors are under the age of 18 years on the first day of competition, parents guardians or persons with parental responsibility as defined by the Children Act 1989 are reminded that a condition of membership of Swim Wales is that a swimmer must consent to being drug tested if required.

**TO BE COMPLETED BY PARENT/GUARDIAN IF SWIMMER IS UNDER THE AGE OF 18 ON FIRST DAY OF COMPETITION.** I confirm that I am a person having parental responsibility in accordance with the Children Act 1989 and that I have read and accept the Championship Information and Conditions.

I also confirm that the above competitor has achieved the ASA Competitive Start Award.

Signature of Parent/Guardian: ...........................................……................................ Date:........................................

Print Name………………………………………………………………………………………………………..