



# SWIM ASSESSMENT FORM 2021

## Notes

- The completed and signed form can be sent to the JLDSC by scanned copy emailed to jerseyldsc@gmail.com.
- This form must be received by the JLDSC no later than 14 days prior to the start of your swim tide for your attempt and no later than 31st July (whichever is earlier), failing which your application will be invalid, unless confirmed in writing by the JLDSC in its discretion. This form is not for use for any other purpose.
- It is the responsibility of all swimmers to consider and assess their swimming aptitude, ability and fitness in the context of an attempt on any swim in the Channel Islands as part of a relay team or as a solo crossing (as applicable) under the auspices of the JLDSC, as well as researching and assessing the risks presented by the range of possible conditions which may be faced as part of that attempt.
- This Assessment Swim Certificate is to help provide the JLDSC and your pilot with evidence that each applicant has carried out that self-assessment.
- The form must be used to provide details and evidence (e.g. by attaching relevant documentary proof) that you have satisfactorily completed a required swim, as follows: For a solo attempt - a 6-hour swim in water 16°C or less (or proof of completion in a recognised event for a period considered by the JLDSC to be an acceptable alternative) wearing no clothing or aids to enhance heat-retention, buoyancy or speed and conducted at any time up to 18 months before the start of the tidal period during which you have booked your swim.
- For a relay attempt - a swim of least 1.5 hours swim then leave the water for a minimum of 1 hour and a maximum of 1.5 hours – then return to the water and swim for 1 more hour in water 16°C or less (or proof of completion in a recognised event for a period considered by the JLDSC to be an acceptable alternative) wearing no clothing or aids to enhance heat-retention, buoyancy or speed and conducted at any time up to 18 months before the start of the tidal period during which you have booked your swim.
- These swims are short compared to your JLDSC swim attempt and should not be treated as training swims. Your training should include regular swims of longer durations.
- Relay team leaders: It is your responsibility to assess your and your team's ability and make everyone aware that they are responsible for their own actions and the care of the other team members.
- You acknowledge and accept that the completion of a required 6-hour swim (for a solo) or required relay assessment swim as described above in no way implies any representation by the JLDSC that you have completed sufficient training or that it's appropriate for you to make such an attempt.

## Swimmer

First name		Surname	
Date of birth		Nationality	
Address			
Town/City		Postcode	
County/State		Country	
Email			
Contact phone(s)			

## JLDSC Swim

JLDSC Swim	Solo <input type="checkbox"/> Relay <input type="checkbox"/>	Relay name	
Swim Course		Tide start	

## Recognized Swim

Indicate if you wish JLDSC to consider a recognised swim event in place of arranging your own, observed, assessment Swim. If yes, please provide details in the Additional Notes section and attach appropriate certification or other evidence. Otherwise please complete the Assessment Swim section.

Recognized Swim?

Yes  No

### Notes

State the name, date and details of your attempt for any recognised swim event which you want the JLDSC to consider in place of your own, observed, assessment Swim:

## Assessment Swim

Date		Location	
Time in		Time out	
Duration		Distance (approx.)	
Time in (relay 2 <sup>nd</sup> swim)		Time out (relay 2 <sup>nd</sup> swim)	
Duration (relay 2 <sup>nd</sup> swim)		Distance (approx.) (relay 2 <sup>nd</sup> swim)	
Water	Fresh <input type="checkbox"/> Saline <input type="checkbox"/>	Water Temp	

## Swimmer's Signature

For swimmers under 18 years of age a parent or guardian must also sign this form

I certify that the information provided is true and not misleading.

Name		Signature	
Date			

## Observer's Details

First name		Surname	
Address			
Email			
Contact phone(s)			
Club/Association and position			

## Observer's Signature

Observer should sign if you arranged your own Assessment Swim.

I certify that I observed the entire swim and that the information provided is true and not misleading

Name		Signature	
Date			