**JERSEY SWIMMING CLUB**

**APPLICATION FORM OPEN WATER SWIMS 2017 (UNDER ASA & JSC RULES)**

**Please use BLOCK CAPITALS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mr/Mrs/Miss/Ms/Dr |  | First Name |  | Surname |  |
| Address |  | Date of Birth |  | Male/Female |  |
| Telephone |  |
| Affiliated Club\* |  |
| Post Code |  |  |  |
| Email |  |
| Emergency Contact |  | Tel No |  |

\* all Entrants must be members of an ASA affiliated Club, Please tick event/events entered

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEA SWIM** | **DATE** | **CHECK IN** | **WHERE** | **START** | **ENTER ✓** |
| **\*\*****Wetsuit** | **\*\*No Wetsuit** |
| Green Island to Havre des Pas | Sunday 16th July | 11.00 am | Green Island Car Park | 11.30 am |  |  |
| 10th St. Aubin’s Fort | Monday 7th August | 18.15 pm | Royal Channel Island Yacht Club | 18.45 pm |  |  |
| 60th Castle to Harbour | Sunday 30th July  | 10.00 am tbc | tbc | 11.30 am |  |  |

\*\* See Rules re wetsuit CLOSING DATE FOR ENTRIES Sunday 18th June 2017

I .........................................................(signature of swimmer) confirm that I have previously completed one of these sea swims or have undertaken a 800m time trial Time..........................................signed by an ASA official timekeeper................................................................

IF APPLICANT IS UNDER 18, A PARENT/GUARDIAN MUST SIGN THE CONSENT BELOW: I hereby give permission for the above named swimmer to compete in the chosen swims on the dates given. Minimum entry age 12 years. Signed.............................................................................................Parent/Guardian ALL SWIMMERS MUST ABIDE BY J.S.C. RULES FOR THESE EVENTS
Please enter me in the above swims @ £20.00 per swim. Total £....................................................

|  |  |
| --- | --- |
| Please indicate Payment Method Used: |  |
| Cheque enclosed made payable to Jersey Swimming Club (tick) |  |
| Paid Online (enter date paid) Natwest, Library Place, St. Helier, JE4 8NH Sort Code: 60 12 03 Account No: 26426390 Account Name: Jersey Swimming Club Reference “Sea Swim” |  |

Return the entry form to: Carole Penfold, Jersey Swimming Club, PO Box 835, St. Helier, Jersey, JE4 0UJ or Email: admin@jersey-swimming-club.org