



CERTIFICATE OF SWIMMING DISABILITY - APPLICATION FORM

Surname: _____ Given Name: _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____ Sex: MALE / FEMALE

E-mail: _____ Date of Birth: ____/____/____

ASA Membership Number: _____

Nature of Disability:

(Please state how the disability affects the ability to perform the stroke correctly)

Proof of disability enclosed

Certification will only be given to swimmers with a permanent disability, not to swimmers suffering from a short term incapacity

Please return to:
ASA Medical Advisory Committee
Dr I Gordon
Branksome House
St Aldhelme Road
Branksome Park
Poole
Dorset
BH13 6BS