



BRITISH RECORD APPLICATION FORM - DISABILITY SWIMMING

PLEASE NOTE: Records must be claimed on the official form and returned together with a copy of the Automatic Officiating Equipment (timing slip) and the full official results to: British Disability Swimming, Medway Building, Loughborough University, Loughborough LE11 3TU within 14 days of the competition. It is recommended that record applications and supporting documentation be sent by Recorded Delivery.

Family Name: Given Name:

Date of Birth:..... Male / Female

Registration number: ASA/SASA/WASA: Classification:.....

Distance:..... Stroke:..... Electronic time:.....

Manufacturer of Electronic Equipment: Length of Course: 25m / 50m

Times: (3) digital watches in the event of Automatic & Semi-Automatic Officiating Equipment malfunction:

1) 2) 3)

Venue:..... Date of competition:.....

Competition title:.....

Competitor Address:.....

.....

Club:.....

TO BE COMPLETED BY THE RACE REFEREE

IPC Swimming approved competition? **YES / NO (please circle)**

ASA/WASA/SASA Licensed Competition? **YES / NO (please circle)**

Rules applicable to the swimmers classification adhered to and Functional Ability Card (FAC) was submitted to the race referee prior to the start of race? **YES / NO (please circle)**

Name:.....

Signature:..... Contact Number:.....

FOR OFFICE USE ONLY
Date application received..... **Approved / Not approved**
Signature:..... Name:.....