



Participant Registration Form

| × | | × | |
|--------------------|---------------------------|-------------------------|--|
| First name | | Surname | |
| | | | |
| × | × | x | |
| DOB | Gender | Mobile phone | |
| | | | |
| × | | x | |
| Email address | | Post code | |
| | | | |
| × | | <u>x</u> | |
| Emergency contact | name | Emergency contact phone | |
| | | | |
| Medical conditions | | | |
| | | | |
| | | | |
| | | | |
| Swimming ability | Can't swim | | |
| | Can swim up to 50 meters | | |
| | Can swim up to 100 meters | | |
| | Can swim up to 200 meters | | |
| | Can swim 400 meter | S | |