



## 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