



# Disability Swimming Swimmer ID Tracker Form



Do you have a disability?  
Can you swim 15 meters or more and know what times you do?  
Are you interested in getting more involved in swimming?

**If YES:**

*Get the form filled in and send it back.*

*We'll then be in touch with you to help you be the best you can and follow your progress.*

*We'll put you in touch with the right people to help you achieve your goals.*

*So go on tell us about yourself and help us to help you!!!*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_ SWIMMING CLUB/SWIM SCHOOL: \_\_\_\_\_

ASA/WASA/SASA REGISTRATION NUMBER: \_\_\_\_\_

DO YOU HAVE ACCESS TO A COMPUTER **YES / NO**

IMPAIRMENT (PLEASE CIRCLE) **PHYSICAL / VISUAL / HEARING / INTELLECTUAL**

DISABILITY (E.G. CP HEMIPLEGIA - RIGHT SIDE) \_\_\_\_\_

PROGRESSIVE (PLEASE CIRCLE) **YES / NO**

CLASSIFICATION (IF KNOWN): **S SB SM**

SCHOOL NAME & ADDRESS (WHERE APPROPRIATE) \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

SPECIALIST SPORTS COLLEGE **YES / NO**

**PLEASE ENTER DETAILS IN RELEVANT COLUMN**

NUMBER OF TIMES YOU SWIM PER WEEK

NUMBER OF HOURS YOU SWIM PER WEEK

LEARN TO SWIM	LANE SWIMMER	COMPETITIVE SWIMMER
HRS	HRS	HRS

DISTANCE OF TRAINING SESSIONS  
 NUMBER OF COMPETITIONS IN LAST 12 MONTHS  
 NUMBER OF YEARS SWIMMING COMPETITIVELY  
 AGE LEARNED TO SWIM  
 DO YOU HAVE A QUALIFIED COACH/TEACHER  
 DO YOU DO ANY OTHER SPORTS/CROSS TRAINING (specify)

	M	M
YRS	YRS	YRS
YES / NO	YES / NO	YES / NO

SWIMMERS MUST BE ABLE TO SWIM A MINIMUM OF 15m ON FRONT OR BACK IN A RECOGNISED STROKE (BACKSTROKE, FREESTYLE, BREASTSTROKE OR BUTTERFLY) COMPETITIVE SWIMMERS MUST ENTER THEIR TIMES IN THE APPROPRIATE BOX

STROKE	15m (Please tick)	PERSONAL BEST TIMES (Insert times)				
		25m	50m	100m	200m	400m
FREESTYLE						
BACKSTROKE						
BREASTSTROKE						
BUTTERFLY						
INDIVIDUAL MEDLEY						

If the swimmer is under the age of 18 this form should be completed and returned by the parent or person in loco parentis', but must still be signed by the swimmer. Your Information may be shared with an ASA/SASA/WASA Region. If you do not wish for your information to be shared please tick this box

Signature of swimmer \_\_\_\_\_ Date \_\_\_\_\_

Full Name in block capitals \_\_\_\_\_

Signature of parent or person in 'loco parentis' \_\_\_\_\_ Date \_\_\_\_\_

Full Name in block capitals \_\_\_\_\_

**Return to: British Disability Swimming, Medway Building, Loughborough University,  
 Loughborough, Leics. LE11 3TU or Fax: 01509 234141**