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| **Scottish Amateur Swimming Association North District**  **Open Water Swimming Championships**  **Loch Insh Watersports**  **Saturday 4th July 2020**  **Licence No. OW/2020** | **NDLogo (2)** |

**Briefing/Start**

**Event 1 : Junior 500m 08:30/09:00**

**Event 2 : Senior 5 km 08:30/10:00**

**Event 3 : Junior 3 km 13:30/14.00**

**Event 4 : Senior 1.5 km 13:30/15:15**

**Event 5: Relay Event 16:00/16:15**

**Senior 5 km event and Junior 3 km event are incorporated into the 2020 Scottish Open Water Swimming Grand Prix Series**

**This event will be swum under the new FINA/SASA Rules (wetsuits will be compulsory where water temperatures are less than 18 C). See information on the website:**

<http://www.scottishswimming.com/media/1997620/FINA-wetsuit-swimsuit-2rules-2017-240317.pdf>

Scottish Swimming work in partnership with Open Water Rescue; members of the Royal Life Saving Society, to provide water safety cover and consultancy.



Please use block letters and complete **ALL** sections

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Club . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post Code . . . . . . . . . . . . . . . . . . Telephone Number . . . . . . . . . . . . . . . . . . . .

E-mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of Birth . . . . . . . . . . . . . . . . . . . . .

Registration Number . . . . . . . . . . . . . . . . . or Applying for Temporary Memberships

(tick box, see section on next page and complete last page)

Male Female

**Events Entered** (tick boxes as appropriate): (Swimmers may enter events at both distances in their category)

|  |  |
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| **Senior/Masters 5 km Championship** |  |
| **Senior/Masters 1.5 km Championship** |  |

Senior Category is for swimmers aged 17 and over on 31st December 2020

Masters category decided on age handicapped basis.

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| **Junior 3 km Championship Event (13-14 years & 15-16 years)** |  |
| **Junior 500 m Championship (10-12 years, 13-14 years and 15-16 years)** |  |
| **Relay Event** |  |

Junior Category is for swimmers aged 16 or under on 31st December 2020

**Entry Fees**

Senior - £18 per event

Junior - £13 per event

**We cannot offer wetsuit hire but there are contact details on the website to arrange if you don’t have your own.**

**Temporary Membership**

Entries will be accepted from swimmers who are not currently members of the SASA or another national governing body providing they submit an application for temporary membership and an additional fee of £10.

Provision of Boat/Canoe and Crew

If you have information on the provision of canoes or boats and personnel who could assist in providing safety cover please indicate this to the entry secretary.

#### Conditions & Notes:

1. The Organisers reserve the right not to accept entries from swimmers who they believe may not be capable to completing the event.

2. Swimmers will be required to wear swimming caps provided.

3. By entering this event you agree to become registered as an open water swimmer on the SASA membership database.

4. Temporary members will be entitled to prizes in the open categories but not in the North District Categories.

5. Competitors should be aware that swimming in open water events brings with it a small risk of contracting leptospirosis (Weil’s disease) and that they should contact their doctor if they feel ill in the days after the event.

#### Declaration

1. I will abide by the S.A.S.A. Open Water Swimming Regulations.

2. I am a registered competitor with the S.A.S.A., A.S.A., W.A.S.A. or other National Association or have enclosed a temporary membership application form.

3. The information given on this entry form is correct.

4. I am not knowingly suffering from any disability or illness, which would render my participation in this championship inadvisable.

5. Please advise of any medical condition relevant to the swim in medical declaration form.

6. I hereby state that I will participate in this event at my own risk and that I waive and release any and all claims for damages which I may have against S.A.S.A. North District for any injuries or illness and any loss of property resulting from my participation.

7. I consider that, given the nature of the event, that I am a sufficiently competent swimmer.

8. I understand that in the event of my retiring during the race safety crews will use all means necessary to assist me into the safety craft.

9. I understand that entry fees are not refundable.

Signature of Entrant : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Date : . . . . . . . . . . . . . . . . . . . . . . . . . .

Signature of Parent/Guardian : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (if entrant is under the age of 18)

Date : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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| Please return this form with entry fee(s) to :  Donna Lawrie  11 High Street,  Nairn IV12 4AG  Tel. 01667 456433  Email: sasandopenwater@gmail.com  **Cheques made payable to S.A.S.A. North District** | Swimmers are recommended to consult their general practitioner regarding requirements for inoculations.  ***Entries to be received on or before***  ***Friday 12th June 2020***  *Entries received after this date will only be accepted at the discretion of the organisers* |

Further details will be issued with confirmation of acceptance

**SCOTTISH AMATEUR SWIMMING ASSOCIATION**

**NORTH DISTRICT OPEN WATER SWIMMING**

**CHAMPIONSHIPS 2020**

**Loch Insh Watersports Saturday 4th July 2020**

**TEAM RELAY RACE ENTRY FORM**

Entry Fee: £20 per Team

Relay Details

Club: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Mixed teams only, to consist of 2 males and 2 females - All team members to be from same club

Contact Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post Code: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Tel. No: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

E-mail Address : . . . . . . . . . . . . . . . . . . . . . . . . . .

**Conditions**

1. The contact entrant will be required to submit the names and swim order of the relay members to the event organisers by the time stipulated on the day of the event.

2. Swimmers may be required to submit to a medical examination prior to the event.

3. The Organising Committee reserve the right not to accept entries from swimmers who they believe may not be capable of completing the event.

4. Competitors must wear swimming caps provided.

5. Awards will be made to up to the top three relays in each category, dependent on the number of entries.

**Declaration**

1. The competitors are registered with the S.A.S.A., A.S.A., W.A.S.A. or other National Association.

2. The details given on this form are correct.

3. Each swimming member of the relay must be prepared to sign an individual declaration if required on the day of the swim.

Signature of Contact Entrant : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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| Please return this form and entry fee to;  Donna Lawrie  11 High Street,  Nairn  IV12 4AG  Tel. 01667 456433  Email: sasandopenwater@gmail.com  **Cheques made payable to** **S.A.S.A. North District** |  | Swimmers are recommended to consult their general practitioner regarding requirements for inoculations.  Further details and timetable will be issued to competitors prior to the event.  Cheques should be made payable to  **“S.A.S.A.” North District**  **Entries to be received on or before**  **Friday 12th June 2020** |

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| OpenWaterLogo2015.png | MEDICAL/SAFETY IN CONFIDENCE  (When Completed) | 2020 |

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| --- | --- | --- |
| Swimmer’s Surname | Swimmer’s Forename(s) | Date of Birth |
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| --- | --- | --- |
| Emergency Contact Name | Relationship to Swimmer | Emergency Contact Phone |
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| List any/all medications that you take. |  | |
|  | Yes or No | If you answer “yes”, you must give details below |
| Do you suffer from asthma? | Y / N |  |
| Have you ever experienced heart trouble or any pains in the heart/chest? | Y / N |  |
| Do you have epilepsy or have ever suffered from fits? | Y / N |  |
| Have you ever experienced spells of dizziness or loss of consciousness? | Y / N |  |
| Do you suffer from back/joint problems? | Y / N |  |
| Do you suffer from any other medical or health conditions that might affect your participation? | Y / N |  |

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| I have read and agree to the Event Conditions and Declarations in the Entry Information. | | | |
| I understand the nature of the event and am not knowingly suffering from any disability or illness that would render my participation in the swimming event inadvisable. | | | |
| I understand in the event of my retiring during the race, exceeding the time limit, or if for any reason the safety crews consider that I should be removed for my own safety, safety crews will use all means necessary to get me into the safety craft and to shore. | | | |
| I understand that while steps will be taken to ensure that the water quality for the event is acceptable, there remains a small risk from water borne diseases and infections in any open water event and that if participants feel unwell after competing they should see their own GP. | | | |
| I understand that for National level competitions there may be random drug testing of competitors and the above includes all medications I am taking. | | | |
| I consider that, given the nature of the event, I am a sufficiently competent swimmer and can swim the distance of each event entered without stopping. | | | |
| Signature of Swimmer   * The details given in this form are correct |  | Date |  |
| If the attendee is under 18, I give parental/guardian consent that the entrant is allowed to participate in the event and can swim the distance without stopping | | | |
| Signature of Parent/Guardian   * The details given in this form are correct |  | Date |  |

Under data protection regulations, this form is under the control of Scottish Swimming but will be used by our First Aid partner at events. It will be retained by Scottish Swimming until 31st October following the event, before being destroyed.

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| SSW_3 | Temporary Competitor 2020-21 (for Masters and Open Water Swimming Events only) | **Form Reference C3.8** |

**Fields marked \* are mandatory. Please complete form using BLOCK letters.**

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| \*Competition | North District Open Water Championships | \*Date of Competition | 04.07.20 |

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| Forename\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Surname\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Title\* |  |

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| DoB\* (dd/mm/yyyy) |  |  |  | Gender\* | Male |  |  | Female |  |  |

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| Postcode\* |  |  |  |  |  |  |  |  | House No\* | | | | | |  | | | | |  | |  | |  | |  | |  | |
| Address\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*Tel Home |  |  |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |  |  |
| Work |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Temporary Competitor Fee |  | £ 10.00 |
|  |  |  |
| Age 16 years or over I declare that the details above are correct and I confirm that I will submit myself to official Doping Control, see below, at any time when required.   **Under 16 years of age** As the parent or person in loco-parentis of the swimmer named in this form, I certify that the personal details are correct. I agree to him/her, if selected, submitting to official Doping Control, see below, when requested. | | | | Signature |
| Date |
| Signature |
| Date |

**On completion of this form, please post the form along with a cheque for £10.00 made payable to SASA LTD to:**

**Donna Lawrie, 11 High Street, Nairn, IV12 4AG**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date received by event organiser: |  | Approved by: |  | Temporary Competitor Number: |  |

**Notes:**

**C3.8 Temporary Competitor Members**

C3.8.5 The promoter is responsible for considering the applications to compete in the event and forwarding the corresponding temporary membership applications to the Chair of the relevant discipline a minimum of one week before the event. The Chair will consider applications and confirm, or otherwise, to the promoter whether the application is acceptable given the limits set out in C3.8.6.The promoter is responsible for confirming to the applicant that temporary membership has been granted.

C3.8.6 An applicant can only apply for 2 temporary memberships in a calendar year in a given discipline.

C3.8.7 The temporary membership fee is applicable to only one meet and shall not be refundable against a full membership if one is subsequently taken out.

C3.8.8 Swimmers competing in an event as a temporary member will not be representing a club but will swim as “unattached”.

C3.8.9 Temporary Competitor Members in an event will be entitled to awards, medals, etc. as defined in the event information.

**Doping Control.** If you enter National or International swimming competitions, you may be subject to doping control as part of the Scottish Swimming/British Swimming commitment to a drug free sport. At the time of sample collection, your personal data will be collected by UK Sport which undertakes the testing and administers the programme. You should see the data protection notice for UK Sport for details of how your information will be used (<http://www.uksport.gov.uk/pages/adams/>).