

## **Swimmer Details**

Name:
Disability:
The state of the s
Gender (please tick): Male
Date of Birth:
Date of Swim:
Contact details: MB.
Mobile:
Email:
Other conditions:
Do you suffer from any other conditions, and if so, how do they affect you and your ability to swim outdoors?
Type of costume: Wetsuit Mixed Skins
Para swim number: 1 2 3 4 5



## Swim Venue and environment



## **Swim information**

Time swim started:	
Time swim finished:	
Distance swam (m):	
Weather conditions?	
GPS trace attached. Yes No  Any swim comments?	
Observer Name:	Observer signature: