



**Para ICY V
Swim Observation Form**

Swimmer Details

Name: _____

Disability: _____

Gender (please tick): Male Female Other

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 ICY V swim number: 1 2 3 4 5



Swim Venue and environment

Name of body of water/venue: _____

Address: _____

Swim entry: what3words: _____

Swim exit: what3words (if different): _____

Describe the entry to the water (e.g Ramp; steps; beach etc) : _____

Type of water (please tick): Sea River Lake Lido

Water temperature: _____ C _____ F

Do you think the water is wheelchair accessible in the following conditions?

Dry: Yes No **Wet:** Yes No **Snow:** Yes No

Does it involve beach access? Yes No

Accessible parking? Yes No Accessible toilets? Yes No

Accessible changing? Yes No Accessible café/refreshments? Yes No

Other useful information: _____



Swim information

Is this a qualifying swim? Yes No

Time swim started: _____

Time swim finished: _____

Distance swam (m): _____

Weather conditions? _____

GPS trace attached. Yes No

Any swim comments? _____

Observer Name: _____

Observer signature: _____