|  |
| --- |
| **Swimmer’s Details** |
| **Name** |  |
| **Age & Gender** |  |
| **Nationality** |  |
| **Swimming Competency** |  |
| **Medical Statement** | The Participant confirms they are Medically fit to undertake this event.(Ports of Jeresy does not require the participant to submit any medical information) | **Tick Box**[ ]  |
| **Team / Club Details** |  |
| **Emergency Contact**  | **Relationship to Swimmer** |  |
| **Name** |  | **Mobile No** |  |
|  |
| **Escorting Vessel Details** |
| **Name of Vessel** |  |
| **Type & Colour** |  |
| **Call Sign** |  |
| **On board Contact Name & Mobile Number** |  |
| **Total N° of POB** |  |
| **Local Knowledge** |  |
| **Other Assisting Craft*****Please give details*** | *E.g. Red Kayak assisting South Coast Only* |
| **Safety Equipment** **On Board** |  |

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| **Swim and Route Details - Round Island Swim** |
| **Date** |  |
| **Start Time** |  | **Estimated Finish Time** |  |
| **Start Position** |  | **Finish Position** |  |
| **ETA @ La Rocque** |  | **ETA @ La Coupe** |  |
| **ETA @ Grosnez** |  | **ETA @ Corbiere** |  |
| **Type of swim *– E.g. Solo, relay*** |  |
| **Notes** |  |
|  |
| **Swim and Route Details - Jersey to Other Destination** (please state below) |
| **Destination** |  |
| **Date** |  |
| **Start Time** |  | **Estimated Finish Time** |  |
| **Start Position** |  |
| **Mid Transit Position**  |  | **ETA** |  |
| **Finish Position** |  |
| **Type of swim *– E.g. Solo, relay*** |  |
| **Notes** |  |
|  |
| **Office use** |
| HW |  | LW |  | HW |  | LW |  |
| **Notes** |  |

**Additional Swimmers**

|  |
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| **Swimmer’s Details** |
| **Name** |  |
| **Age & Gender** |  |
| **Nationality** |  |
| **Swimming Competency** |  |
| **Medical Statement** | The Participant confirms they are Medically fit to undertake this event.(Ports of Jeresy does not require the participant to submit any medical information) | **Tick Box**[ ]  |
| **Team / Club Details** |  |
| **Emergency Contact**  | **Relationship to Swimmer** |  |
| **Name** |  | **Mobile No** |  |
| **Swimmer’s Details** |
| **Name** |  |
| **Age & Gender** |  |
| **Nationality** |  |
| **Swimming Competency** |  |
| **Medical Statement** | The Participant confirms they are Medically fit to undertake this event.(Ports of Jeresy does not require the participant to submit any medical information) | **Tick Box**[ ]  |
| **Team / Club Details** |  |
| **Emergency Contact**  | **Relationship to Swimmer** |  |
| **Name** |  | **Mobile No** |  |

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| --- |
| **Swimmer’s Details** |
| **Name** |  |
| **Age & Gender** |  |
| **Nationality** |  |
| **Swimming Competency** |  |
| **Medical Statement** | The Participant confirms they are Medically fit to undertake this event.(Ports of Jeresy does not require the participant to submit any medical information) | **Tick Box**[ ]  |
| **Team / Club Details** |  |
| **Emergency Contact**  | **Relationship to Swimmer** |  |
| **Name** |  | **Mobile No** |  |
| **Swimmer’s Details** |
| **Name** |  |
| **Age & Gender** |  |
| **Nationality** |  |
| **Swimming Competency** |  |
| **Medical Statement** | The Participant confirms they are Medically fit to undertake this event.(Ports of Jeresy does not require the participant to submit any medical information) | **Tick Box**[ ]  |
| **Team / Club Details** |  |
| **Emergency Contact**  | **Relationship to Swimmer** |  |
| **Name** |  | **Mobile No** |  |