|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | |