





NATIONAL PARA SWIMMING CHAMPIONSHIPS 2023

Events, Division & Classification

Please apply the following abbreviation for swim events

Freestyle:

Fr

Breaststroke:

Br

Backstroke:

Bk

Butterfly:

Fly

Relay (Fr) 4 x 50m: 4 x 50

Example: 50M Freestyle

= Fr50

Division & Classification

Open Division. 15 years above (Born in the year 2008 and before) **Division A.** 13 - 14 years old (Born between the year 2010 - 2009) **Division B.** 10 - 12 years old (Born between the year 2013 - 2011) **Division C.** 7 - 9 years old (Born between the year 2016 - 2014)

Physical Impairment, PI (Classes: S1 - S10) Visual Impairment, VI (Classes: S11 - S13)

Intellectual Impairment, (Class: S14) II Deaf and Hard of Hearing, HL (Class: S15) Autism (Class: II3) Significant Intellectual Disability (Class: II2)

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NATIONAL PARA SWIMMING CHAMPIONSHIP 2023

ENTRY FORM

PLEASE NOTE

This registration form is for **ALL**Participants Please print duplicate copies where necessary.

Name of Team Manager / Person-in-Charge		
Organisation / School (if applicable)		
Contact Number	(Office)	(Mobile)
Email		

Please refer to entry information given for table of events and classification.

Entries will be void if the events and classification registered is/are not in accordance to the entry's specifications Note that all registered events must state the actual / estimated entry time (seed time).

<u>Please enter clearly and duplicate form for additional participants, if necessary.</u> <u>Accreditations are not transferable.</u>

PARTICIPANTS

No	Participant Full Name	Age	Gender	Citizen/ PR/ Foreigner	D.O.B	Class	Event & Seed Time	Event & Seed Time	Event & See d Time	Event & Seed Time	Event & Seed Time
E.g. 1.	Tan Kim Yi	7	F	Citizen	01/01/1980	II3	FR100 Mm:ss.00 (eg)1:01.01	FLY100 1:05.04	BK100 1:07.21	BK50 00:35.21	FR 50 00:40:03

OFFICIALS

Officials eligible for accreditation:

- Team Manager (TM)
- Coach (C)
- Caregiver (CG) (Limited to participants who require additional physical or social assistance; capped at 1 caregiver per participant)

^{*} To align with capacity of Field of Play, SDSC reserve the right to issue the number of passes to the application.

No	Official Full Name	Gender	Accreditation (TM / C / CG)	For CG: Please state full name of participant to be supported
E.g. 1.	Goh Siew Ting	F	CG	Tan Kim Yi

Total No of pax:	
(Do note that officials who are accredited will need to pay entry fee	es)



PHOTOGRAPHY AND VIDEOGRAPHY REFUSAL FORM

Full Name of Participant:	
Event:	National Para Swimming Championships 2023

I refuse permission for the use of images of my child or myself by the Organiser.

Signed by: (Name of Participant / Parent / Caregiver)

Date: