

**NATIONAL PARA SWIMMING CHAMPIONSHIPS 2024**

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**PARA SWIMMING INTER-SCHOOL CHAMPIONSHIPS 2024**

**Events, Categories & Classification**

**Please apply the following abbreviation for swim events**

Freestyle: Breaststroke: Backstroke: Butterfly:

Fr Br Bk Fly

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

*Example: 50M Freestyle*

*=* ***Fr50***

**Categories**

National Championships

Open Division: 15 years old and above (Born in 2009 and before)

Inter-School Championships

Under-20 (U20): 17 – 19 years old (Born between 2007 – 2005)

Under-17 (U17): 15 – 16 years old (Born between 2009 – 2008)

Under-15 (U15): 13 – 14 years old (Born between 2011 – 2010)

Under-13 (U13): 10 – 12 years old (Born between 2014 – 2012)

Under-10 (U10): 7 – 9 years old (Born between 2017 – 2015)

**Classification**

Physical Impairment, PI

Visual Impairment, VI

Intellectual Impairment, II

Deaf/Hard of Hearing, HI

Autism

Down Syndrome

(Classes: S1 – S10) (Classes: S11 – S13) (Class: S14)

(Class: S15)

(Class: II3)

(Class: II2)

## FORM A

**PLEASE NOTE**

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

NATIONAL PARA SWIMMING CHAMPIONSHIP 2024

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

PARA SWIMMING INTER-SCHOOL CHAMPIONSHIPS 2024

ENTRY FORM

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).

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

**PARTICIPANTS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Participant Full Name** | **Age** | **Gender** | **Year born** | **Sport Class** | **Event &**  **Seed Time** | **Event &**  **Seed Time** | **Event &**  **Seed Time** | **Event &**  **Seed Time** | **Event &**  **Seed Time** |
| *E.g. 1.* | *Tan Kim Yi* | *7* | *F* | *2017* | *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 |
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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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
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Total No.

## FORM B



**PHOTOGRAPHY AND VIDEOGRAPHY REFUSAL FORM**

|  |  |
| --- | --- |
| Full Name of Participant: |  |
| Event: | National Para Swimming Championships 2024  Para Swimming Inter-School Championships 2024 |

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

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

Closing Date: 8 March 2024

**Submit** [**to** jessica.chua](mailto:tze.wei@sdsc.org.sg)@sdsc.org.sg