 

**HAW PAR NATIONAL YOUTH PARA SWIMMING CHAMPIONSHIPS 2025**





## FORM A

HAW PAR NATIONAL YOUTH PARA

SWIMMING CHAMPIONSHIPS 2025 ENTRY FORM

| **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 with 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**

**Classification Verification Link:** [**https://docs.google.com/spreadsheets/d/1BSmrIfXRdHVakQU5ZEqs5O8yT583ZLDt/edit?usp=sharing&ouid=107277105826501083288&rtpof=true&sd=true**](https://docs.google.com/spreadsheets/d/1BSmrIfXRdHVakQU5ZEqs5O8yT583ZLDt/edit?usp=sharing&ouid=107277105826501083288&rtpof=true&sd=true)

| **No** | **WPS/Local Classification ID** | **Participant Full Name** | **Age (as of 2025)** | **Gender****M/F**  | **Class** | **Event & Seed Time** | **Event & Seed Time** | **Event & Seed Time** | **Event & Seed Time** | **Event & Seed Time** | **Event & Seed Time** |
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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: | Haw Par National Youth Para Swimming Championships 2025 |

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: 30 September 2025

**Submit to** nurul.fiona@sdsc.org.sg