



No gala entry will be accepted without the relevant entry fee.

## SOUTH TYNESIDE SWIMMING CLUB

Name: \_\_\_\_\_ Gala Date: \_\_\_\_\_  
Age On: \_\_\_\_\_ is \_\_\_\_\_ years. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ASA Number: \_\_\_\_\_ Male / Female \* Squad: \_\_\_\_\_ Squad No: \_\_\_\_\_  
Gala Event: \_\_\_\_\_  
(\* Please delete as appropriate)

Please fully complete, sign and return this form with the required entry money. If you don't have times for any of the events you wish to enter please speak to the relevant coach **prior** to handing in this form.

| Event                   | Tick for Entry | Time |     |      | Event      | Tick for Entry | Time |     |      |
|-------------------------|----------------|------|-----|------|------------|----------------|------|-----|------|
|                         |                | Min  | Sec | 1/10 |            |                | Min  | Sec | 1/10 |
| 50 Free                 |                |      |     |      | 50 Breast  |                |      |     |      |
| 100 Free                |                |      |     |      | 100 Breast |                |      |     |      |
| 200 Free                |                |      |     |      | 200 Breast |                |      |     |      |
| 400 Free                |                |      |     |      | 50 Fly     |                |      |     |      |
| 800 Free                |                |      |     |      | 100 Fly    |                |      |     |      |
| 1500 Free               |                |      |     |      | 200 Fly    |                |      |     |      |
| 50 Back                 |                |      |     |      | 100 IM     |                |      |     |      |
| 100 Back                |                |      |     |      | 200 IM     |                |      |     |      |
| 200 Back                |                |      |     |      | 400 IM     |                |      |     |      |
| Total Number of Entries |                |      |     |      | @          | each           | = £  |     |      |

*If possible please pay by cheque, made out to "South Tyneside Swimming Club".*

**Parents/Guardians please note:**

It is your responsibility to ensure that all MEDICAL and CONTACT details are up to date.

EMERGENCY CONTACT NAME:

NUMBER:

I hereby give consent for my child to swim at the above gala and confirm that all contact and medical details are up to date. I enclose the correct money for this event.

Parent/Guardian signature: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*You agree that we may publish your personal information as part of the event and may pass such information to the governing body or any affiliated organisation for the purpose of event organisation, insurance, licences or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times and age category.*

Please return this form and relevant money to  
Dot (D Squad only), Jane, Joanne, or Karen by:

**Late entries will not be accepted.**

Email: [contact@stswim79.co.uk](mailto:contact@stswim79.co.uk)  
Web: [www.stswim79.co.uk](http://www.stswim79.co.uk)



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