



EASTBOURNE MARITIME SUNDAY



(SUPPORTED BY EASTBOURNE BOROUGH COUNCIL)

2 Km OPEN WATER SEA SWIM

AN ASA SOUTH EAST REGION CHAMPIONSHIP SERIES EVENT

(See ASA SER website for Championship rules)

Sunday 27th JULY 2014 11AM

(Closing Date: POSTMARK 12TH JULY 2014)

Entry fee £20

Temporary ASA registrations are available at extra cost, please ask for details.

LATE ENTRIES SUBJECT TO LATE ENTRY FEE AND AT DISCRETION OF PROMOTER

Competitors must be 12 years of age as at 31st December 2014

VENUE: Eastbourne. Beach opposite The Langham Hotel

BN22 7AH, which is 800m east of pier

COURSE: rectangular buoyed circuit starting in water

BRIEFING: 10.30am

PRIZE LIST

Challenge shields for overall fastest male and female

Trophies for the first three women and men in each age group

AGE GROUPS: (12~13) (14~16) (17~24) (25~34) (35~44) (45~54) (55~64) (65~74) (75+)

Multi-disability class

Ages taken as of 31st December 2014

In the event of less than 4 entries in a class, medals will be awarded on the basis of number of entries less 1.

This event is hosted and organized by Eastbourne Swimming Club

QUERIES EMAIL: clover11@sky.com

COMPETITION CONDITIONS

(Under ASA laws and ASA Technical Rules including IPC Rules for a Multi-Disability Event)

General

All competitors must be registered members of clubs affiliated to the ASA, the Scottish ASA or the Welsh ASA,

OR Registered members of clubs in a country affiliated to FINA. The registration shall have been valid for at least 60 days prior to the date of the competition.

The event is inclusive of athletes with a disability who must be registered with the ASA, British Swimming and/or the IPC, and hold a valid Functional Ability Card (FAC). Disability athletes will swim under exactly the same conditions as all other competitors.

The Event

Swim Gear: No swimmer shall be permitted to use or wear any device, which may be an aid to their speed, endurance or buoyancy.

Goggles, caps, nose clip and earplugs may be used. Only one costume can be worn which shall be in accordance with FINA General Rules on Swimwear, in force on the date of competition.

Grease: Swimmers shall be allowed to use grease or other such substances providing these are not, in the opinion of the referee, excessive.

Hats: All competitors must wear the swim hat provided. If two hats are worn the one provided by the organizer must be on the outside.

Time Limit: There will be a cut-off time limit of 1 ¼ hours after the start.

Safety

The pre-requisite to swimming is attendance at the race briefing at 10.30 am.. A roll call of all swimmers will be taken at the briefing.

Only the official safety craft and canoes will be allowed on the course. Competitor's coaches and supporters are not allowed to use their own canoes or boats.

In the event of inclement weather the safety officer will decide if the competition can be run safely. If the decision is taken to cancel, the promoter will make every effort to re-run the event on another date. The initial decision to hold the event will be taken at 7.00am and information will be made available from that point.

Multiple start times may be used in the interests of safety.

Safety cover will be provided in the form of power craft, canoes and shore spotters. Medical cover will be in attendance.

ASTHMA

Once asthma has been diagnosed and a treatment has been started, it is mandatory that athletes attending British Swimming national events i.e. National Age Groups, British Swimming championships, British Water Polo Semi finals/finals (excluding master events), declare this to the A.S.A together with the details of the medication that they are taking. This is essential to avoid falling foul of Doping Control regulations. The notification must be done on an annual basis. Any subsequent changes in medication should also be notified.

Remember: it is your responsibility to keep the ASA informed



EASTBOURNE 2KM SEA SWIM ENTRY 2014



Surname						Forename				
ASA CAT 2 NUMBER						CLUB				
							Multi-disability class			
Address						Date of Birth				
						Age As at 31 st December 2014				
				Postcode		MALE / FEMALE Please circle				
Tel. No.				Email Please print clearly						
Estimated swim time (not required if you competed in 2013)										

Acknowledgement will be by email unless a SAE is enclosed with entry.

Important- Please read the following before signing. Any queries should be raised with the race organiser.

I am aware of the need to seek appropriate medical advice if I have any concerns as to the state of my health. I have not been informed by any medical practitioner and I do not have any knowledge of any medical condition which would make it inadvisable for me to participate in open water swimming events or any associated activities. Accordingly I certify that I am physically fit and well to participate in any such training and events.

I am aware of and appreciate the inherent risks involved in such training and competition including the possibilities of injury and accident. I undertake to conduct myself in a responsible and of professional manner.

I undertake at all times to take all reasonable safety measures for the protection of myself and fellow swimmers and to inform the referee of any concerns I may have as regards safety.

I acknowledge that, during open water swimming events, Eastbourne Swimming Club cannot be held responsible for any loss or damage to personal belongings and I must take all reasonable steps against any such loss or damage.

I agree to abide by and be governed by the rules of the Amateur Swimming Association and other laws including ASA safety laws operated by the referee and the race organiser.

Pre-existing medical conditions including medication and/or sensitivity to a particular drug should be notified by attachment to the entry form and to the event administrator on the race day. We draw your attention to the requirements of the ASA in relation to treatment and use of medication for asthma.

PLEASE COMPLETE THE DECLARATION OVERLEAF

DECLARATION

I declare that I have read and considered the pre-exercise review below and that I am medically fit to take part in this event. I also declare that the above particulars are correct and confirm my agreement.

- I am able to swim 3000m non-stop in a swimming pool
- I am an eligible competitor in accordance with the rules of the ASA.
- I understand that competitors that do not attend the briefing will not be permitted to start.

Signed..... competitor (parent/guardian if under 18) Date.....

Please ensure that a club official completes the following section before submitting

I certify that the declaration made by the above swimmer is correct and to the best of my knowledge is fit and able to compete in this race.

Signed (club official)

Position of club official..... Date.....

Please send completed forms to: RACE ADMINISTRATION
15 NETHERFIELD AVENUE
EASTBOURNE BN23 7BS

Please enclose a cheque for **£20** payable to 'Eastbourne Swimming Club' or make a bank transfer to:

Eastbourne Swimming Club

SORT CODE : 40 – 20 – 06 ACC 21399144 REF 2K/your name

PRE-EXERCISE REVIEW

Has your doctor ever said you have a heart condition (such as coronary heart disease, congenital heart disease or vascular heart disease)

Do you feel pain in your chest, shortness of breath or dizziness when you undertake physical exercise.

In the past month have you had chest pain when you are not doing physical activity.

Do you lose your balance because of dizziness or do you ever lose consciousness.

Is your doctor currently prescribing drugs for blood pressure or heart condition or are you taking medication that may affect you when taking part in physical exertion.

Are you pregnant.

Do you suffer from epilepsy.

Do you suffer from diabetes mellitus and need to take insulin

Do you know of any other reason or medical condition which may affect your ability to take part in this event.

If any of the above applies, you should consult your doctor and confirm this when declaring your fitness to swim