**South East Wales Region Junior Development Meet 2017**

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| Name(in full):- …………………………………………………….…………………………….......…Preferred name………………………………… Age (31/12/2017)……….………………… Male/Female ……..…………………………… Date of Birth …………………………………….Address ………………………………………………………………………………………………………………………………………………………………………………………………………………Post Code ……………….. …………………… Tel No. ……………………………………………Name of Club ……………………………………………………………….…………………………Swim Wales Registration Number ………………………………………………… |

**ENTRY FORM**

**This competition is designed for swimmers who have not qualified to swim in any event in the Welsh Age Groups in the current year.** *Please note that under Meet Licensing the minimum age for girls and boys is 9 years on 31st December 2017*

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| Event Number | Distance | Stroke | Entry Time | LC✓ | SC✓ |
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| Entry Fee £15.00 for all FIVE events  |
| **TO BE COMPLETED BY THE COMPETITOR :** |
| I declare that the above particulars are correct and agree to abide by the conditions laid down.  |
| I accept that there will be no refunds. |
| SIGNATURE OF PARENT/GUARDIAN……………………………………………………………….Date:……………….. |
| I declare that only our team members who have reached the standard of the ASA Competitive Start Award will be permitted to start from the poolside. Those who have not will start in the water. |
| SIGNATURE OF COACH: …………………………………………….………………………………..Date:……………….. |