



Rottnest
Channel Swim Association

Swimmer Changes

ORIGINAL SWIMMER DETAILS	
First name & surname:	
Team name / race number:	

REPLACEMENT SWIMMER DETAILS	
First name:	
Surname:	
Gender (circle):	Male / Female
Date of birth:	
Address:	
Suburb:	
Postcode:	
Telephone number:	
Mobile number:	
Email address:	
Emergency contact name:	
Emergency contact telephone number:	
Emergency contact mobile number:	
Medical conditions (please specify):	
Disability (please circle):	Y / N



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Swimmer Declaration

I hereby confirm that I have read, understood and will comply with all Terms and Conditions of Entry and the Event Rules and undertake to comply with any directions given to me by the Rottnest Channel Swim Association Inc. (RCSA) in relation to the Event. I understand and acknowledge that I may be given advice by on-water safety personnel (medical officials) on Event day to leave the water and that I accept the risks if I choose to ignore the advice given to me.

If I am the captain of My Team, I agree that it is my responsibility to ensure that all swimming members sign their Swimmer Declaration waiver. If My Team has a swimmer change, I am responsible for ensuring the new swimmer is registered and has signed their Swimmer Declaration waiver. I confirm that My Team will not be permitted to compete in the Event unless all swimmers in the team or duo, including any replacement swimmer, have signed the Swimmer Declaration waiver.

I confirm that I am, and all swimming members of My Team are at least fourteen years of age or older on the day of the Event being 20 February 2021, in compliance with the Event Rules and the Terms & Condition of Entry. If any swimming member of My Team is over fourteen years of age but younger than eighteen years of age on the day of the Event (Minor) then the guardian or parent of that Minor must sign this declaration on behalf of the Minor.

NAME:

SIGNATURE:

DATE:

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OFFICE USE ONLY

Race number change (if applicable):

Date entered:

By whom:
