Sorrento Bay Swim

RACE STARTS 10.00AM SUNDAY 15TH JANUARY 2012
REGISTER FROM 8.30AM @ THE BATHS JETTY

Enter online at www.sorrentoslsc.com or post cheque made payable to SSLC and entry to Sorrento Bay Swim, PO Box 304, Rye 3941 before 6/01/12.

DISTANCE APPROX. 1800MTRS, JUNIORS/NOVICE 600MTRS

TROPHIES AND SPOT PRIZES

St Vincent's COUSINS tours & travel SWIM SERIES COUSINS

Complete in black pen please

Surname _____

Given Name _____ Intials _____

Permanent Address _____

Suburb _____ Postcode _____

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Phone AH _____ Sex (M or F) ____ Date of Birth DD/MM/YY ____ / ____ / ____

Age as of 31.12.10 _____ Years

PLEASE SELECT A CATEGORY *(please circle)*

1800mtrs Registration $45.00 **Early Registration (before 31/12/11) $45.00**

Junior 12-17 Open 18-29 Seniors 30-39 Masters 40-49 Grand Masters 50-59 Legends 60 plus

600mtrs Registration $35.00

Junior 12-17 Novice 18-60 plus

CREDIT CARD DETAILS

☐ Visa ☐ Mastercard - Credit Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder's Name _____

Expiry Date _____

Signature _____

FREE T-SHIRT FOR FIRST 400 EARLY ENTRIES

Please select size S M L XL XXL *NB - Size not guaranteed for late entries*

DECLARATION

Confirmation of Participation and Declaration/Waiver (as agreed by all participants in above swim) **A:** I understand and hereby confirm my intention to participate in a swim to be undertaken on Sunday 6th January 2012, at Sorrento Front Beach (adjacent jetty, Melway Ref: 157 C8) In the event of a postponement/cancellation "to a date to be fixed", and as a condition of my participation, I do for myself, my heirs, executors and administration, hereby waiver all and any claim, right or cause which I or they might otherwise have for, or arising out of, loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent participation in the swim. **B:** I agree to follow the recommended course of the swim as described in any material distributed or briefing held before the swim and to follow all directions and abide by any instructions from members of the Sorrento Surf Life Saving Club. **C:** I hereby acknowledge that I have undertaken to join this swim entirely of my own free will, recognising the difficulties associated with an open water swim, and to rest, as necessary, or to finish part only of the proposed course. **D:** I further declare that I am physically fit and in a physical condition suitable to undertake the swim safely. A qualified medical person has not otherwise advised me. **E:** I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the swim. **F:** This waiver, release and discharge shall be and operate separately and in favour of all persons or bodies involved in inviting participation in this swim and the servants, agents, partners or representatives of any of them, and all persons associated with or participating in the swim and shall operate whether or not the loss or injury or damage is attributed to the act or neglect of anyone or more of them Privacy statement and policy can be viewed online at www.sorrentoslsc.com. **G:** I agree to pay $70 to cover the cost of the timing device if I fail to return the device to the event organiser at the conclusion of the event.

Name _____

Signed _____ Date _____

Declaration to be signed by parent or legal guardian if you are 17 years or under on the race day.

I verify that I am the Parent/Guardian of_ _____ on the day of the race and that he/she has trained for and has consent to swim in this event.

Signed _____ Date _____

sorrento surf life saving club

ENTER ONLINE AT
www.sorrentoslsc.com

TOLL