

CHANNEL SWIM RELAY

Sign-up form



FULL NAME

DATE OF BIRTH

NATIONALITY

ADDRESS

Including postcode

MOBILE NUMBER

EMAIL

EMERGENCY CONTACT

Name & number

Have you swam the English Channel before (solo or relay)?

Yes

No

If yes, please provide details:

Do you have any of the following conditions?

Epilepsy, asthma, diabetes or heart condition.

Do you have any other health considerations?

Please specify.

Are you currently taking any medications?

Prescription or otherwise – please specify.

Will you be carrying any medication with you during the swim? If yes, please provide details.

Are you on a special diet?

If yes, please provide details.

Declaration

I declare that I am physically and mentally fit to undertake a Channel swim. I will advise The Air Ambulance Service of any further changes in my medical condition or other circumstances that arise before I take up the Channel swim.

Name:

Date:

Signature:

Send your completed form to
events@childrensairambulance.org.uk