

Swimming Entry Form for Students Competing in a Multiclass Event

Student's First Name:	Student's Surname:
Student's Age (turning this year): _	Student's DOB :
Student's School and School Subu	urb:
Contact Home Phone:	Contact Mobile :
Description of Disability:	
Classification:	
Students are required to be officially classified <u>prior</u> to participating at the Diocesan Swimming Carnival and recorded on the National Classification Master List. Has your child been officially classified and recorded on the National Classification Master List? Yes No For further information refer to: csnsw.sport website.	
Gender: Category (age turning du	uring this year):
□ Female □ Male □ Junior (12-14 years) □ Intermediate (15-16 years) □ Senior (17+years)	
Events (as per qualifying for):	
Contact teacher (Sport Coordinato	r):
Parent's Signature:	Date:
Individual schools are responsil Diocesan Swimming Trials.	ole for administering consent forms and providing information regarding
Principal's Approval:	Date :
Closin	g Date – 1 week prior to the dio carnival
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Catholic Schools Office

Email: bernadette.duggan@mn.catholic.edu.au

Ph: 49791245