



CHANNEL SWIMMING ASSOCIATION Ltd

A Non-profit-making Company Limited by Guarantee

Founded in 1927

President: Michael Read M.B.E.

King of the Channel™ – 33 Successful Crossings

2024

Registration Pack



CSA Swim Checklist & Registration Papers



CHANNEL SWIMMING ASSOCIATION Ltd

Read the information pack fully and please advise us if you are having problems or need assistance. We cannot guarantee that your paperwork will be completed in time for your attempt unless all the information is correct and with us by the dates below.

To ensure that your swim application runs smoothly please remember;

- **PLEASE DO NOT WAIT UNTIL April aim for MARCH!**
- **After the 30th APRIL (1st April for Relays), there is a late payment fee for processing each Application/relay swimmer) see fees on application form. The swim qualifiers can be submitted later (but at least 1 month before your swim)**
- Keep a copy of your registration pack for reference & circulate to all team members for their information if you are applying for a Relay attempt.
- Payment: We ONLY accept payment in POUNDS STERLING. You can pay online, or we accept cheques, these must be drawn on a U.K. Bank - payable to 'Channel Swimming Association Ltd.' And don't forget to Say what the payment is for!
- If you want to pay online, a link will be sent to you upon receipt of the application.
- Please remember that if you pay by Bankers Draft, there is an additional £25 Banking Fee to add to your payment.
- When filling in forms, please use BLOCK CAPITALS and always quote your name/team name when communicating! If filling in online, ensure all spelling is correct or this will affect your swim result upon completion.
- The office is run on a part time basis. During times when the telephone cannot be answered, please leave a message on the answer-phone.
- When leaving a message on the answer-phone, speak slowly and clearly. Please repeat your NAME and TELEPHONE number SLOWLY and CLEARLY.
- **Wherever possible we prefer that your correspondence to the office is made by E-mail, however we of course welcome telephone calls should you prefer. The Administration Secretary will endeavour to get back to you as quickly as possible.**
- Insurance: Accident, life, property and any other insurance is your responsibility and **is very strongly** recommended, WE WOULD LIKE TO THINK ESSENTIAL. There is no shortage of companies who will cover you.
- Your trainer or someone who understands your ultimate ability in marathon swimming should accompany you and be able to communicate in English.
- **VISAS**
- Will you or anyone in your party need a visa to travel to the UK? Now is the time to check. We can send you a letter to take to your local Embassy, or contact them directly, if you give us enough time and the contact details.
- Emergency Contact: Please provide one EMERGENCY contact number for the solo swim or for your team. This should be someone available on land on the day/night of your swim & for the complete duration of your swim.
- Please enclose one 'Head and Shoulders' **photograph** of each Swimmer if posting (6'x4' or 15x10cm snapshot size) for I.D. purposes, for general CSA promotional use and for retention in our archives. Please **DATE, SIGN** and **PRINT NAME** on the back. If uploading online, a scan of a signed photograph or passport is fine. Thank you!
- **PLEASE NOTE:**
Registrations are mainly completed online. If your preferred method is by post then be aware, the CSA PO Box (Address) does **not** accept any mail that is sent by special courier such as Fed Ex, DHL etc. (from UK or abroad). If you are posting from abroad **contact the CSA secretary** who will advise the best address to send it. This will help avoid any missing papers.

Channel Swimming Association Ltd

Tel: +44 (0)1304 600610

Email: secretary@channelswimmingassociation.com

Web: www.channelswimmingassociation.com



CHANNEL SWIMMING ASSOCIATION Ltd

- Please make sure you photocopy all forms before posting and send them in **plenty of time**. The secretary will always confirm receipt of any paperwork so if you haven't heard anything, then contact us.

Channel Swimming Association Ltd

Tel: +44 (0)1304 600610

Email: secretary@channelswimmingassociation.com

Web: www.channelswimmingassociation.com



Checklist

- a) Copy of this Checklist.....
- b) Your Swim fees (if paying by cheque).....
- c) Your Swim Registration Form
 - i. signed by all members of the team for Relays
 - ii. Under 18's signed by parent/guardian
- d) One photograph for Proof of Identity (Date, sign and PRINT name on back)....
For relays, one for each team member
- e) Your fully completed Medical Forms, sections A & B.....
Valid from October the year before your swim (Hard copy / or scan via online registration)
- f) Your fully completed Membership form.....
(Scan is acceptable)
- g) Your full swim history
- h) Proof of 6 hr cold water swim if you are a Solo swimmer.....
Proof of 2 hr cold water swim for each relay team member.....
- i) One Emergency contact number
(a person NOT on your boat during the swim - available on land on the day/night of the swim)
 - Please ensure that at time of submitting your forms this is complete otherwise your swim cannot be registered-
- j). Your Insurance details...Company..... Policy Number.....

▪ **Note:** If you or a member of your team is under 18 years old then please ensure that their parent or guardian has countersigned their membership form, their swim application & their medical form. Thank You.

Please also ensure that you have put the correct postage on the package. Incorrect postage results in delays and additional costs to the Channel Swimming Association.



Solo Swim Registration Form 2024

Your CSA swim number: CSA 2024/

Please be sure to read the current Information Pack BEFORE completing this form. This form will only be accepted for the person to whom it is issued (according to the number allocated above). Please return before the 30th April.

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS
All applicants must read this form fully and PRINT their name and sign overleaf.

SOLO SWIMMER'S NAME NATIONALITY (1 only)
ADDRESS: TOWN / CITY:

COUNTRY: POST CODE: TEL/FAX No

Date of Birth (day/month/year): Sex: Male/ Female OCCUPATION:

E-mail Address:

EMERGENCY CONTACT NAME & NUMBER FOR SWIM DAY (a person NOT on your boat during the swim)

PILOT : PILOT VESSEL :

TRAINER/HELPERS : (PERSONS WHO WILL ACCOMPANY YOU ON THE SWIM)

Approx Swim date: Direction: England to France. Crossing: Single / Double / Treble

Accommodation details:

Do you consider yourself as disabled?

Membership fees:

everyone must become a member of the Association & this is non-refundable.

- Associate membership (first year of membership): £25.00 per person (£20:00 per Junior) £:
Full Membership (existing Associate Members of minimum one-year standing may apply for Full Membership) £28.00 or Joint £38:00 or £:
Administration fees for 2024 (to be paid by each solo swimmer & is non-returnable) £200:00 for each Solo Swimmer £:
Ratification Fee: per Solo Swim (normally returnable should swim not go ahead) 1-way: £200:00 or record attempts with 2 observers: £400; 2-way :£560; 3-way :£810:00* (Per swim) *2 observers required £:
Late Application/Payment Surcharge: May application = £75, June application= £ 125 July application= £ 200 TOTAL £:

PAYMENT METHOD: You can now register your swims online including payment once the forms have been uploaded. If your preference is to post your forms, send in all your paperwork to the secretary and then you will be sent, via e-mail, a secure link to pay via STRIPE. If you want to pay this way, ensure your e-mail address is 'legible'.



CHANNEL SWIMMING ASSOCIATION Ltd

Alternatively, you can pay by cheque. *(Cheques must be drawn on a U.K.Bank)*

I hereby formally notify the Channel Swimming Association Ltd that I wish to attempt to swim the English Channel. I have read, understand and agree to abide by the Channel Swimming Association rules as laid out in the current Information Pack (including the 'Basic Swimming Rules' and 'Standard Swims' Rules). I have read and understand the Guidelines for Channel Swimmers, Trainers and Pilots.

- I hereby agree that should I be in breach of the said rules I understand that the swim will not be recognised. I agree that the decision of the Official Observer during the swim, and the Channel Swimming Association Committee after, are final with regard to the rules and guidelines.
- I agree that the pilot has sole responsibility for the safety of the swim and I will do as instructed by him.
- I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a medical practitioner.
- I acknowledge that I am aware of all the risks inherent in Channel Swimming (training and completing) including the possibility of personal injury, permanent disability or death and agree to solely assume all those risks.
- I hereby waive any and all rights to any claims for any loss or damages, including but not limited to personal injury, permanent disability and death, arising out of my participation at or in Channel Swimming or any activities incidental thereto against the Channel Swimming Association Ltd or anybody or person affiliated thereto, or any individuals officiating on the Channel Swim or supervising such activities as a condition of my participation in Channel Swimming.
- I agree to abide by and be governed by the rules of the Channel Swimming Association Ltd.
- **I will advise the Administration/Swim Secretary of my arrival and of my accommodation address and telephone number and give at least 12 hours' notice of my swim attempt.**
- I undertake not to take any prohibited drugs and to give urine or saliva samples if so requested before or after the swim.
- I agree to submit my Medical Certificates for the Association Medical Adviser's approval by 30th. April, unless otherwise agreed with Administration/Swim Secretary. Note additional non-refundable surcharge fees payable for late applications.
- I agree that the Observers report is the property of the Channel Swimming Association.
- Data Protection Act: I agree to the Channel Swimming Association using the data supplied by me for their records

NAME _____ SIGNED _____ DATE _____
 (SIGNATURE OF SOLO SWIMMER)

NAME _____ SIGNED _____ DATE _____
 (SIGNATURE OF Parent/Guardian if Swimmer under 18 years)

If a member of the British Long Distance Swimming Association (BLDSA), membership no:

Please enclose details of Previous Attempts to swim the Channel and of other marathon swims & a copy of your checklist:

In case of press/photographer enquiries we would ask that you also complete the following;

I agree to my details being given to the press before the swim has taken place Yes / No* Please delete accordingly

Please ensure the Swim Secretary has ONE emergency contact number for your swim at the time your form is submitted. This must be complete or your form will not be accepted.

- a) *This must also be given to your pilot on the day of your swim.*
- b) *All those travelling with you on the swim must give their details to the person who you have nominated to be the central emergency contact.*
- c) *You should also ask the central emergency contact to be available for the duration of your trip.*
- d) *Should this change at any time please advise the Administration/Swim Secretary and your pilot as necessary.*
- e) *Your insurance details.*



**Relay Swim 2024
Team Application Form**

Your CSA swim number: CSA 2024/

Please be sure to read the **2024** Information Pack BEFORE completing this form. This form will only be accepted for the team to whom it is issued (according to the number allocated above). **Please submit this application form and your medical forms by 1st Class/Airmail post before the 1st APRIL 2024.**

**All applicants must read this form fully and PRINT their name and sign overleaf.
All members must also provide proof of a 2-hour OPEN WATER swim in water of 60°F/15.5°C or less**

RELAY TEAM: Number of Persons in team:
RELAY TEAM NAME: _____

... and what does this mean?

Do any of your team consider themselves as disabled?.....

TEAM MANAGER: _____ TEAM NATIONALITY (1 only): _____

ADDRESS: _____ TOWN / CITY: _____

COUNTRY: _____ POST CODE: _____ TEL/FAX No _____

E-MAIL Address _____

TEAM EMERGENCY CONTACT NAME & NUMBER FOR SWIM DAY (see note at end of solo/relay application)

.....# This must be complete for form to be accepted #

PILOT : _____ PILOT VESSEL : _____

Approx Swim date: _____ Direction: England to France. Crossing: Single / Double / Treble

Accommodation details: _____

- **Relay Fees are one single payment that includes Administration, Ratification & Membership : per Relay Swim – single payment for the team only please. Note: We require all membership forms returned but no extra payment required.**

- 1-way :£470;
- 2-way :£840* (*2 observers required)
- 3-way :£1110* (*2 observers required)

£ _____ :

(Please note that only the ratification fee portion of this payment is refundable)

1-way :£200:00 or record attempts with 2 observers: £400; 2-way :£560; 3-way :£810:00*
(Per swim) *2 observers required

Late payment fees for 2024; (non-refundable) per swimmer

- (£15:00 per Relay Swimmer 1 - 31stApril) £ _____ :
- (£25:00 per Relay Swimmer 1- 31st May Application) £ _____ :
- (£40:00 per Relay Swimmer 1 - 30th June Application) £ _____ :
- Relay Reserve per Relay swimmer** £ _____ :

'Junior Relay Swim' (1-way) Total incl. Info Pack+ all fees = Total £400:00 £ _____ :

PAYMENT MUST BE MADE IN £ STERLING and must be net of any bank charges.



CHANNEL SWIMMING ASSOCIATION Ltd

PAYMENT METHOD: : You can now register your swims online including payment once the forms have been uploaded. If your preference is to post your forms, send in all your paperwork to the secretary and then you will be sent, via e-mail, a secure link to pay via World-pay. If you are wanting to pay this way, ensure your e-mail address is 'legible'.
Alternatively, you can pay by cheque. (*Cheques must be drawn on a U.K.Bank*)

- We hereby formally notify the Channel Swimming Association Ltd that we wish to attempt to swim the English Channel.
- I hereby formally notify the Channel Swimming Association Ltd that I wish to attempt to swim the English Channel. I have read, understand and agree to abide by the Channel Swimming Association rules as laid out in the current Information Pack (including the 'Basic Swimming Rules' and 'Standard Swims' Rules). I have read and understand the Guidelines for Channel Swimmers, Trainers and Pilots.
- I hereby agree that should I be in breach of the said rules I understand that the swim will not be recognised. I agree that the decision of the Official Observer during the swim, and the Channel Swimming Association Committee after, are final with regard to the rules and guidelines.
- I agree that the pilot has sole responsibility for the safety of the swim and I will do as instructed by him.
- I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a medical practitioner.
- I acknowledge that I am aware of all the risks inherent in Channel Swimming (training and completing) including the possibility of personal injury, permanent disability or death and agree to solely assume all those risks.
- I hereby waive any and all rights to any claims for any loss or damages, including but not limited to personal injury, permanent disability and death, arising out of my participation at or in Channel Swimming or any activities incidental thereto against the Channel Swimming Association Ltd or anybody or person affiliated thereto, or any individuals officiating on the Channel Swim or supervising such activities as a condition of my participation in Channel Swimming.
- I agree to abide by and be governed by the rules of the Channel Swimming Association Ltd.
- **I will advise the Administration/Swim Secretary of my arrival and of my accommodation address and telephone number and give at least 12 hours' notice of my swim attempt.**
- I undertake not to take any prohibited drugs and to give urine or saliva samples if so requested before or after the swim.
- I agree to submit my Medical Certificates for the Association Medical Adviser's approval by 1st. April, unless otherwise agreed with Administration/Swim Secretary. Note additional non-refundable surcharge fees payable for late applications.
- I agree that the Observers report is the property of the Channel Swimming Association.
- Data Protection Act: I agree to the Channel Swimming Association using the data supplied by me for their records

NAME _____

SIGNED _____

DATE _____

(SIGNATURE OF RELAY TEAM MANAGER)

Channel Swimming Association Ltd

Tel: +44 (0)1304 600610

Email: secretary@channelswimmingassociation.com

Web: www.channelswimmingassociation.com



The Complete team must sign this page

All Relay team members must read and agree to the conditions in this form and sign page.

	Name	Sex M /F	Signature – <u>Swimmer & Parent/Guardian</u> <u>If swimmer under 18yrs</u>	Nationality	E-mail address (please write this clearly)
R					
e					
s					
R					
e					
s					

Please ensure the Swim Secretary has ONE emergency contact number for your swim & this person should be available for the complete duration of your swim. YOUR FORMS WILL NOT BE ACCEPTED IF THIS IS INCOMPLETE. This must also be given to your pilot on the day of your swim & if it changes before swim day. please advise the Swim Secretary, to allow your records to be updated

We post our swims on social media platforms such as our CSA Facebook page and Twitter when a swim commences. I agree to my details being posted on social media when the swim takes place.

Yes / No* Please delete accordingly

In case of press/photographer enquiries we would always ask your permission before giving out any contact details.



Refund Policy

As already stated:

Information Pack is NON refundable

Membership fees are NON refundable

Administration fees are NON refundable

Observer/Ratification fee is refundable in the event that the swim does not commence.

In the event that your swim does not take place for any reason during the season you may request the refund of the Observer/Ratification fee, or we will hold it for you for another year.

If you register for your swim to take place the following year:

The Information Pack will be reduced by 50%

The administration fees will be reduced by 50%

If you register for a second swim/another swim in any year:

The administration fees will be reduced by 50%

You will still be required to pay the standard Observer/Ratification fee for each swim.



Medical Certificate
2024

Section A Medical History

NAME : _____ Date of Birth (day/month/year): ___/___/___ AGE : _____

OCCUPATION : _____ Sex : Male/Female

ADDRESS : _____

TOWN/CITY : _____ COUNTRY : _____ POST CODE : _____

TEAM NAME: _____ (if member of relay)

Have you ever suffered at any time from any of the following:

- 1. Ear trouble, earache, discharge or deafness YES / NO
- 2. Sinus trouble YES / NO
- 3. Chest disease, including asthma, bronchitis, collapsed lung or T.B. YES / NO
- 3a. Have you ever experienced excessive breathlessness, coughing, sputum production or coughing up blood, or chest pain on exertion or during a swim. YES / NO
- 4. Attacks of Giddiness, blackouts. Fainting or confusion. YES / NO
- 5. Fits or nervous disorders- including persistent headaches or concussion YES / NO
- 6. Anxiety, "nerves", nervous breakdown YES / NO
- 7. Diseases of the heart and circulation and arrhythmias, including high blood pressure. YES / NO
- 8. Do you have diabetes YES / NO
- 9. Do you regularly or frequently take any medication or other treatment with or without prescription? YES / NO
- 10. Are you currently receiving medical care, or have you consulted any doctor in the past year? YES / NO
- 11. Have you ever been refused life-insurance, or failed a medical examination YES / NO
- 12. Do you smoke YES / NO
- 13. Have you attended or been admitted to hospital in the last 5 years YES / NO
- 14. a) Have you had a previous medical for the CSA YES / NO
- b) IF "YES", was the result satisfactory YES / NO

If the answer to question 14 b) is NO, please give further details overleaf

- 15. Do you have any family history of premature cardiac disease (less than 50 years) or sudden death in adulthood YES / NO
- 16. Do you have any history of pulmonary oedema (in any circumstance) or heart failure. YES / NO

If the answer to ANY of the questions from 1-16 is YES, please give further details overleaf.

INCOMPLETE FORMS WILL BE RETURNED AND YOUR APPLICATION MAY BE DELAYED
Note **SHOULD YOUR MEDICAL STATUS CHANGE FOLLOWING THIS MEDICAL
THE Channel Swimming Association MUST BE NOTIFIED**.



Section A (Medical History)

Notes continued from page 1. If you cannot fit all your answers into this space please use another sheet and attach it to this one when completed.

I hereby declare that to the best of my knowledge, I am in good general health and I have not omitted any information, which might be relevant to my fitness to Swim the Channel.

I authorise my Doctor and medical advisers/attendants to disclose any detail of my past or present medical history if requested to do so, to the C.S.A. Medical Adviser. I also agree that relevant information about my health may be disclosed to persons directly concerned with my attempt to swim the Channel.

**I am aware that Channel Swimming may be extremely arduous, both mentally and physically.
I declare that I will inform the Channel Swimming Association Ltd. of any
Medical Condition that becomes known to me after the presentation of
this Medical Certificate and before the Swim takes place.**

SIGNED : (applicant) _____
(in presence of examining Doctor)

Date ___/___/2024_

SIGNED : (Parent/Guardian if swimmer under 18years) _____

Date ___/___/ 2024 _____

Relationship to swimmer _____
(in presence of examining Doctor)

SIGNED : (Examining Doctor) _____

Date ___/___/2024 _____

Doctor's Name : Tel/fax No.

Address/Stamp :
.....

PLEASE MAKE SURE THESE SECTIONS ARE FILLED IN FULLY and SIGNED !

The examination (Section B) will take your doctor a little time. Please make sure you book an appropriate appointment.

Remember- private requests for X-Rays are not usually given priority: arrange EARLY.

Any fee in respect of this medical examination is the responsibility of the Swimmer.

Your attention is drawn to the paragraph on drug abuse in the information pack.

Random Drug testing takes place throughout the year.

Both Medical Certificates, (Section A: Medical History and Section B: Medical Examination) MUST be completed IN FULL and returned to the Channel Swimming Association Ltd with your Registration Form AS **SOON AS POSSIBLE** (Closing date: 1st April for relay teams, 30th April for solo swimmers).



CHANNEL SWIMMING ASSOCIATION Ltd

Please ensure the Swim Secretary has ONE emergency contact number for your swim.

- a. This must also be given to your pilot on the day of your swim.***
- b. All those travelling with you on the swim must give their details to the person who you have nominated to be the central emergency contact. You should also ask the central emergency contact to be available for the duration of your trip.***

MEDICAL FORMS CONTINUE ON NEXT PAGE



Section B For the EXAMINING DOCTOR

The above-named person wishes to be examined with a view to checking his/her physical fitness to participate in an attempt to Swim the Channel. Please bear in mind that this is an arduous physical and mental undertaking involving swimming in Cold Water over a long distance. (see note 1)

Height _____ metres Weight _____ Kg

EARS : L. DRUM _____ R. DRUM _____ L. CANAL _____ R. CANAL _____

SINUSES _____ NOSE _____ THROAT _____ CHEST _____

CHEST X-RAY (see note 2) _____

CARDIOVASCULAR SYSTEM _____ BP _____

URINE : Albumin _____ Glucose _____

JOINTS AND LIMBS (see note 3) _____

NERVOUS SYSTEM _____

ECG _____ (If any relevant abnormality is found on examination of CVS, this may be required at the discretion of your doctor)

REMARKS : (Please continue overleaf if necessary)

After examination, I consider _____ to have no medical reason preventing him/her from swimming the ENGLISH CHANNEL at this point in time/at the time of the examination.

Signature of examining Doctor _____ Date ____/____/2024

DOCTOR'S NAME _____ Address/Stamp _____

Tel.. No/ Fax no.: _____

NOTES:

1. Any doubt about a participant's fitness may be clarified by contacting a specialist physician or a sports specialist, also the Association's Medical Adviser who will be able to discuss any queries. Please email the Swim secretary at secretary@channelswimmingassociation.com
2. If there is any previous history of chest disease, written evidence of a satisfactory Chest X-Ray (taken not more than 2 years previously) MAY be required at the discretion of your doctor.
3. The Channel Swimming Association welcomes and admires disabled athletes. Even severe physical handicaps - absent limbs etc. – in our view these do not rule out a Channel Swim attempt.

Have all questions been answered in full?



CHANNEL SWIMMING ASSOCIATION Ltd

Note: Medicals must be completed after the 1st October of the year before your attempt. All questions MUST be answered fully. Please check and make sure that the medical forms are filled in correctly, signed by your Doctor and yourself in ALL the places required and returned by the 1st April for relay teams & the 30th April for solo swimmers. Late payment fees are applicable.

Many medicals are returned incomplete! These **cannot** be accepted as they may have to be reviewed by a CSA Medical Adviser before you will be allowed to proceed. **Late or incomplete medicals will incur extra expense and we cannot guarantee they will be cleared in time for you to make your attempt.**



Administrative Secretary:
Channel Swimming Association Ltd.
PO Box 10580,
Nottingham NG5 0JH. UK
Tel: +44 (0)1304 600610
Email: secretary@channelswimmingassociation.com

Application for election to
***ANNUAL ASSOCIATE MEMBERSHIP 2024**
(For the period 1st January to 31st December 2024)

***For first time members.**

Please use **block letters**

Name: Nationality:

ADDRESS:

POST CODE: Telephone number:

Date of birth (day/month/year).....

By providing my e-mail address below, I agree to receive Company business electronically;

Email:

Club/Relay team name:

**Please return your
membership form
to CSA
Thank you**

Please tick here to receive the latest CSA newsletters

I hereby make an application for Associate Membership;

I enclose remittance of Annual Associate Membership Subscription Fee of £25.00 (Junior: £20.00 under 18 years)

Signature..... Date/...../.....

Only one mailing of information will be sent for a club's use. Associate membership has no voting rights.

PAYMENT METHOD: cheque / cash / card *(Cheques must be drawn on a U.K.Bank)*

To pay online by card please use the following links:

Associate Membership:

<http://www.channelswimmingassociation.com/order/associate-membership>

Associate Membership (Junior):

<http://www.channelswimmingassociation.com/order/associate-membership-junior>

Please tick if Standing order form has been sent to bank

Channel Swimming Association Ltd

Tel: +44 (0)1304 600610

Email: secretary@channelswimmingassociation.com

Web: www.channelswimmingassociation.com



CHANNEL SWIMMING ASSOCIATION Ltd

✂-----

Standing Order;
Should you wish to pay your membership by standing order, please find below a standing order form to complete and take directly to your bank; Return the top form to the Channel Swimming Association.

PLEASE SET UP the following Standing order and debit my/our account accordingly;

Account Name Account Number

Account Holding BranchSort Code

Name of Organisation you are paying: *Channel Swimming Association Ltd* Sort Code; 5 2 4 1 4 2

Account Number of CSA Ltd: 5 0 8 2 7 4 2 1

Payments are to be made; *Yearly* Date of First Payment: ___/___/___ Amount: **£25.00**

Please pay £28.00 in subsequent years until further notice (*payments will be made until you cancel this instruction*)
This will be for full membership

Confirmation: Customer Signature (s); Date:



CHANNEL SWIMMING ASSOCIATION Ltd

**Application for election to
*ANNUAL FULL MEMBERSHIP 2024
(For the period 1st January to 31st December 2024)**

*For existing Associate / Full members – you are then eligible to vote.

Please use **block letters**

Name: Nationality (1 only):

ADDRESS:

POST CODE: Telephone number:

Date of birth (day/month/year)

By providing my email address below, I agree to receive Company business electronically;

Email:

Club/Relay team name.....

Please tick here to receive the latest CSA newsletters

**Please return your
membership form
to CSA
Thank you**

I hereby make an application for Full Membership;
I enclose remittance of Annual Full Membership Subscription Fee of £28.00

Signature..... Date/...../.....

Only One Year Full Membership (to expire 31st Dec 2024 and does not convey a right to renewal) I enclose a remittance of £28.00 subscription. Membership fees are due by the 15th January each year or on joining in the year of membership.

PAYMENT METHOD: cheque / cash / card (*Cheques must be drawn on a U.K.Bank*)

To pay online by card please use the following link:

<http://www.channelswimmingassociation.com/order/full-membership>

Please tick if Standing order form has been sent to bank

For office Use only:
1. Proposed by (Name) Signature

2. Seconded by (Name) Signature

Channel Swimming Association Ltd
Tel: +44 (0)1304 600610
Email: secretary@channelswimmingassociation.com
Web: www.channelswimmingassociation.com



CHANNEL SWIMMING ASSOCIATION Ltd

✂-----

Standing Order;
Should you wish to pay your membership by standing order, please find below a standing order form to complete and take directly to your bank; Return the top form to the Channel Swimming Association.

PLEASE SET UP the following Standing order and debit my/our account accordingly;

Account Name Account Number

Account Holding BranchSort Code

Name of Organisation you are paying: *Channel Swimming Association Ltd* Sort Code; 5 2 4 1 4 2

Account Number of CSA Ltd: 5 0 8 2 7 4 2 1

Payments are to be made; *Yearly* Date of First Payment: ___/___/___ Amount: **£28.00**

Please pay £28.00 in subsequent years until further notice (*payments will be made until you cancel this instruction*)
This will be for full membership

Confirmation: Customer Signature (s); Date:



Swimmer's Swim Checklist

SAFETY FIRST - PLEASE COMPLETE AND RETAIN THIS FOR YOUR OWN USE

On arrival at your accommodation inform:-

- 1. Your pilot,
2. Please ensure the Swim Secretary has ONE emergency contact number for your swim.
- This must also be given to your pilot on the day of your swim.
- All those travelling with you on the swim must give their details to the person who you have nominated to be the central emergency contact.
- Please ask the central emergency contact to be available for the complete duration of your trip.

Swimmer Registration number...2024-.....
Mobile
Pilot's name Pilot's address
Tel Mobile
Tide runs, from to
Position on pilot's list
Accommodation
Tel
Booked from to
Your Insurance details: Company Policy Number
Helpers
a) Mobile
b) Mobile
c) Mobile

Have you got:-

Swimming cap y/n a spare?
Goggles y/n a spare pair?
Nose-clip y/n a spare?
Earplugs y/n a spare pair?
Strobe lights y/n spares?*
Towel y/n spares?

** To help us identify you on the beach in Dover/Folkestone, please remember to wear your CSA swim cap. **
Thank You

*Note: a minimum of 2 light sticks are required & available from the CSA

Is your feed sorted?
Do your helpers understand your feed and your feeding pattern?
Sun cream- waterproof, high factor. (For your back/bottom/legs/ etc :)

Grease and Vaseline??

Vaseline, for parts that rub!
Grease y/n Your pilot may have supplies or could advise you where you might obtain some. Please check in plenty of time.

Passport Yes (The French Authorities can ask for this at anytime, once you reach Frenchwaters)

Shaving prior to your swim: some say yes and some say no!!

Mouthwash? If used dilute well.

Electrolyte? You are already up to your neck in a 3.5% solution, do you really need more?

Seasickness Tablets? You may not need them, but someone in your team definitely will.

NOTE: the pilot has the final say on your swim- SAFETY FIRST- his decision is final.



Channel Swimming Association Ltd

Founded in 1927

President: Mike Read, King of the Channel® - 33 Crossings



This is to certify that:

Completed a Six Hour Swim

wearing one standard swimming costume and cap (goggles optional).

Water temperature: degrees Centigrade

Location:

Date:

Witnessed by:

Tel:

Witnessed by:

Tel:



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This is to certify that:

Completed a Two Hour Swim

wearing one standard swimming costume and cap (goggles optional).

Water temperature: degrees Centigrade

Location:

Date:

Witnessed by:

Tel:

Witnessed by:

Tel:



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