



The Rotary Club of Chipping Norton Community Swim-a-Fun 2018

REGISTRATION FORM - Please enter details in BLOCK CAPITALS

Organisation (if applicable)

Name of Team*

Your Name

Telephone number Mobile

Address

.....

Postcode Email

What is your preferred start time? 8.30 9.15 10.00 11.00 Please circle
 (8.30 and 9.15 slots for families/juniors/beginners, 10.00 slot for families/junior/intermediate/adult groups, 11.00 slot for competitive and advanced swimmers)

I would like 50% of my sponsorship money to go to the following charity:

** If you are a lone swimmer we can match you up with other swimmers to make up a team*

Your entry fee secures your place in the Swim-a-Fun 2018, a medal on completion and a drink and light refreshment, as well as the opportunity to win prizes for various achievements. After we receive your form you will receive an information pack including a sponsorship form and details of how to seek sponsorship online through VirginMoneyGiving.

Registration fee: £5 per individual

If I am not successful in securing a place in the Swim-a-Fun 2018 I would like to donate my registration fee to support the chosen charities. Y / N

Cheques should be made payable to **Rotary Club of Chipping Norton Trust Fund**

CLOSING DATE FOR ENTRY 1st June 2017

Use **Gift Aid** to make your donation worth more. For every £1 you give, we get an extra 25p from HMRC at no extra cost to you. In order for us to make the claim please complete the following Gift Aid declaration.

I would like all donations made to The Rotary Club of Chipping Norton in the 4 years prior to this date and in the future until further notice to be Gift Aided. I am a UK taxpayer.

Signature Date

Have you had any of the following? Please circle yes or no, and if yes give details below and consult your doctor for advice.

Heart Problems	Y / N	Joint Problems	Y / N
Fainting spells	Y / N	Epilepsy	Y / N
Pain in chest when exercising	Y / N	Back complaints	Y / N
High or low blood pressure	Y / N	Are you on any medication?	Y / N
Low blood pressure	Y / N	Breathing difficulties/ asthma	Y / N
Any other significant illnesses, recent or serious operations?			Y / N

Details

Please provide a name and contact number of someone who could be contacted in case of an emergency on the date of event

Emergency Contact Name and number:

Declaration/Disclaimer: I have read and understood the conditions of entry and I hereby release both The Rotary Club of Chipping Norton and GLL, its employees and owners, from any claims, demands and causes of action arising from my participation in this event. I fully understand that should I injure myself as a result of this event that I hereby release Rotary and GLL from any liability now or in the future.

This registration confirms that you agree to any photography/filming that may take place at this event. The images/ film could be used for Rotary's/GLL(BETTER)'s marketing materials, website, local press and any other relevant promotional materials. They will not be issued to another agency for use outside of Rotary's/ GLL(BETTER)'s control.

Signature Date

Age, if under 16 on 9th June 2018

Signature of Parent or Guardian

COMPLETED FORMS to be returned to Rotarian Simon Hamilton, Grey Gables, Cleveley Road, Enstone, OX7 4LW.

The Rotary Club of Chipping Norton Charity Registration No: 1033627