

Swimmers Name:

Rotary Club of Mansfield and the Armchair Club

Supported by More Leisure Community Trust





Held at the Water Meadows Swimming Complex

Saturday 14th September 2024

Individual Entry Form

Address:	Postcode:
Swim Team:	
Nominated Charity:	
I would like to take part in the Charity Swimathon to be hel	d on 14th September 2024.
I understand that 50% of the money raised in sponsorship be funds raised to Mansfield Rotary Club and the Armchair Clu	
I understand that, to my knowledge I am medically fit to take own risk and that the organisers of the event, the Rotary Clamembers, take no responsibility for any accident to a partic savers will be on duty throughout the event.	ub of Mansfield and the Armchair Club, its officers and
The entry form must be countersigned by a parent or guard	dian if the participant is under 18 at the time of the event.
I declare that I give my permission for:	
to take part in the above event in accordance with the conc taken of/including me or my child may be used for publicity newspapers, magazines or the Rotary Club website.	
*Please tick if you are not in agreement:	
Signed:	Swimmer
Signed:	Parent / Guardian

