



Internet: www.swimoresund.com

e-mail: info@swimoresund.com

RELAY AND GROUP REGISTRATION FORM TO SWIMÖRESUND

Please complete electronically or in block capitals

APPLICATION DEADLINE

The relay and groups must have appointed a team manager. It is the responsibility of the team manager to keep his team fully informed and make sure that the medical forms are completed.

The registration form and a copy of your current passport should be submitted jointly and come SwimÖresund to hand no later than May 1st in the swimming year. Please make sure to pay the amount of 3,900 DKK to SwimÖresund simultaneously with registration. For safety reasons, the health certificates must be issued as closer to the swimming window as possible, however four weeks before at the earliest. The health certificates must be issued four weeks at the earliest and one week at the latest before your swimming window. Please forward the health certificates to info@swimoresund.com

NB!

Please confirm that you have read and understand the terms and conditions before signing.

Please confirm that you have read and understand the privacy policy before signing.

APPLICANT'S INFORMATION (TEAM MANAGER)

FULL NAME	
SOCIAL SECURITY NUMBER	
ADDRESS	
POST CODE	
CITY	
COUNTRY	
NATIONALITY	
SEX (F/M)	
TELEPHONE	
E-MAIL	

APPLICANT'S INFORMATION (SWIMMER # 2)	
FULL NAME	
SOCIAL SECURITY NUMBER	
ADRESS	
POST CODE	
CITY	
COUNTRY	
NATIONALITY	
SEX (F/M)	
TELEPHONE	
E-MAIL	

APPLICANT'S INFORMATION (SWIMMER # 3)	
FULL NAME	
SOCIAL SECURITY NUMBER	
ADRESS	
POST CODE	
CITY	
COUNTRY	
NATIONALITY	
SEX (F/M)	
TELEPHONE	
E-MAIL	

APPLICANT'S INFORMATION (SWIMMER # 4)	
FULL NAME	
SOCIAL SECURITY NUMBER	
ADRESS	
POST CODE	
CITY	
COUNTRY	
NATIONALITY	
SEX (F/M)	
TELEPHONE	
E-MAIL	

SWIMMER DETAIL'S			
WITH OR WITHOUT WETSUIT		NUMBER OF CROSSINGS	
WITH WETSUIT	<input type="radio"/>	ONE-WAY	<input type="radio"/>
WITHOUT WETSUIT	<input type="radio"/>	TWO-WAY	<input type="radio"/>
		MULTIPLE	<input type="radio"/> HOW MANY

SVIMMING STYLE			
CRAWL	<input type="radio"/>	BREASTSTROKE	<input type="radio"/>
BACKSTROKE	<input type="radio"/>	BUTTERFLY	<input type="radio"/>
		FREESTYLE	<input type="radio"/>

ESCORT BOAT (PILOT)	
NAME ON THE BOAT	
CAPTAIN	

SWIM WINDOW			
YEAR		FROM DATE	
WEEK		TO DATE	

COACH OR ACCOMPANYING STAFF	
NAME	
NAME	
NAME	

NEXT OF KIN # 1			
FULL NAME			
TELEPHONE		E-MAIL	

NEXT OF KIN # 2			
FULL NAME			
TELEPHONE		E-MAIL	

RULES			
We pledge to swim in accordance with the rules and regulations of SwimÖresund and World Open Water Swimming Association. Internet: https://swimoresund.com/information/?lang=en#rules			
YES	<input type="radio"/>	NO	<input type="radio"/>

PAYMENT	
<p>Please, pay the participation fee of 3,900 DKK into an account at Arbejdernes Landssbank, Denmark.</p> <p>For bank transfer from Denmark: Registration number: 5357 Account number: 0560339</p> <p>For bank transfer from other countries: IBAN account number: DK4653570000560339 SWIFT-address (BIC): ALBADKKK</p>	

TERMS AND CONDITIONS

We have read and understand the terms and conditions, and accept them.

Internet: <https://swimoresund.com/2022/08/terms-and-conditions/?lang=en>

YES

NO

PRIVACY POLICY

We have read and understand the privacy policy, and accept them.

Internet: <https://swimoresund.com/2022/08/privacy-policy/?lang=en>

YES

NO

APPLICIANT'S SIGNATURE (TEAM MANAGER)

FULL NAME

PLACE

DATE

SIGNATURE

APPLICIANT'S SIGNATURE (SWIMMER # 2)

FULL NAME

PLACE

DATE

SIGNATURE

APPLICIANT'S SIGNATURE (SWIMMER # 3)	
FULL NAME	
PLACE	
DATE	
SIGNATURE	

APPLICIANT'S SIGNATURE (SWIMMER # 4)	
FULL NAME	
PLACE	
DATE	
SIGNATURE	