



Internet: www.swimoresund.com

e-mail: info@swimoresund.com

SOLO REGISTRATION FORM TO SWIMÖRESUND

Please complete electronically or in block capitals

APPLICATION DEADLINE

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 certificate must be issued as closer to the swimming window as possible, however four weeks before at the earliest. The health certificate must be issued four weeks at the earliest and one week at the latest before your swimming window. Please forward the health certificate 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

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 <input type="text"/>

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	<input type="text"/>
CAPTAIN	<input type="text"/>

SWIM WINDOW			
YEAR	<input type="text"/>	FROM DATE	<input type="text"/>
WEEK	<input type="text"/>	TO DATE	<input type="text"/>

COACH OR ACCOMPANYING STAFF	
NAME	<input type="text"/>
NAME	<input type="text"/>
NAME	<input type="text"/>

NEXT OF KIN # 1			
FULL NAME	<input type="text"/>		
TELEPHONE	<input type="text"/>	E-MAIL	<input type="text"/>

NEXT OF KIN # 2

FULL NAME

TELEPHONE

E-MAIL

RULES

I 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

NO

PAYMENT

Please, pay the participation fee of 3,900 DKK into an account at Arbejdernes Landssbank, Denmark.

For bank transfer from Denmark:

Registration number: 5357

Account number: 0560339

For bank transfer from other countries:

IBAN account number: DK4653570000560339

SWIFT-address (BIC): ALBADKKK

TERMS AND CONDITIONS

I 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

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

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

YES

NO

APPLICANT'S SIGNATURE	
FULL NAME	
PLACE	
DATE	
SIGNATURE	