

North Channel Advisory & Ratification Body.
(Affiliated to the Irish Long Distance Swimming Association)

Application for Solo Attempt.

Name Nationality
Address
Post Code Tel. No/s E-mail

I declare that I am making this attempt of my own choosing, and have been medically examined and passed physically fit, and have enclosed medical certificates/s to this effect. Please give dates when attempt is to be made :

.....
Intended starting point
Intended finishing point

Return this completed form to : Mr. Tom Mc Cann, 5 Alexander Drive, Warrenpoint, Co.Down. BT34 3NP. Northern Ireland. Tel: +44 (028) 41772203.
E-Mail : tommccanna@btinternet.com

Please Note

- The swimmer is entirely responsible for providing his/her own support team, including Lifesaver/Feeder, food, drinks, warm clothing, and survival clothing.
- The decision to terminate the attempt rests with the Pilot and Official Observer and their decision is final, and must be adhered to.
- The Official Observer will record the attempt and will not take part in any other duties.
- Unless the necessary requirements are met the attempt will not start.
- The Pilots word is law and all instructions given by him during the attempt must be adhered to.

- Application form enclosed.
- Medical Certificates enclosed.
- Any other information relevant to the attempt

Signature of applicant
Date