



Application for recognition of Deaf World Record – Swimming: Application is hereby made for a Deaf World Record, in support of which the following information is submitted (*please print*)

| GENERAL INFORMATION | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Swimming Event | Pool Length: <input type="checkbox"/> 25 metre <input type="checkbox"/> 50 metre | <input type="checkbox"/> Men <input type="checkbox"/> Women |
| Date of Meeting (Day/Month/Year) | Time of Event (AM/PM) | Performance Record Claimed: _____ |
| Name of Meeting | Name of Pool | City and Country |
| Competitor - Full Name (relay events, names in order swimming) | Birth Date (Day/Month/Year) | Competitor - Country |
| Competitor - Full Name | Birth Date (Day/Month/Year) | Competitor - Country |
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| Competitor - Full Name | Birth Date (Day/Month/Year) | Competitor - Country |
| POOL | | |
| Pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor | Was the water still? <input type="checkbox"/> Yes <input type="checkbox"/> No | Manufacturer of Electronic Equipment: |
| GUARANTEE BY REFEREE | | |
| I hereby certify that all the information recorded on this form is accurate, that the officials conducting the competition were duly qualified and that the appropriate FINA Rules of Competition were complied with. I also hereby certify that the facilities used were in conformity with FINA Rules. | | |
| Name of Referee | Date (Day/Month/Year) | Signature |
| RECOMMENDATION BY NATIONAL DEAF SPORTS FEDERATION | | |
| The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance: | | |
| President (signature) | Secretary General (signature) | |
| Name of National Deaf Sports Federation | Date (Day/Month/Year) | |
| DOCUMENT CHECKLISTS | | |
| All these documents below must be enclosed with this application. <input type="checkbox"/> The printed programme of the competition <input type="checkbox"/> The complete results of the event concerned <input type="checkbox"/> The official results of the competition | Send all original documents to: ICSD Secretariat 528 Trail Avenue Frederick, Maryland 21701 USA FAX: +1 301 620 2990 | |

| FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY | | |
|----------------------------------------------------------------------|-----------|-----------------------|
| Technical Director | Signature | Date (Day/Month/Year) |
| Executive Director | Signature | Date (Day/Month/Year) |
| State reasons if not approved: | | |