

Before filling in this form you must make sure to read all the information contained in these Regulations
To the attention of the President of The Gibraltar Strait Swimming Association:
By means of this form I notify the Gibraltar Strait Swimming Association of my intention to attempt swimming across the Gibraltar Strait. I also notify my agreement to following the rules established by the Association and with the costs specified in the present form as expenses concepts.

SWIMMER DETAILS
Name and surname
Telephone / mobile
FAX
e-mail / Web
Full address
Town and postal code
Country
Passport number
Date of birth
Sex Male Female

• **TYPE OF CROSS:**

- NEOPRENE
 WITHOUT NEOPRENE

• **SELECTED DAYS OF THE CROSS.**

Note: We advice staying in the zone at least one week

• **OTHER COMMENTS.**

Costs: REQUEST TO THE ASSOCIATION THE COSTS FOR THE PRESENT YEAR DEPENDING THE NUMBER OF SWIMMERS AND THE CROSS MODALITY

I attach a medical certificate to assure that I have in a good health conditions to cross the Strait of Gibraltar. I assume the risks of the cross that are not include on the Association duties, also I'll not take any type of forbidden stimulants or drugs before or during the cross.

Sign.....

DATE

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NOTE: Fill this application, sign it and send scanned to the Association with the documents required