



# OBSERVER REGISTRATION FORM 2018

CS&PF Office  
email: [office@cspf.co.uk](mailto:office@cspf.co.uk)  
web: <http://cspf.co.uk>

**Please complete this form online.** If you wish to post a paper form contact CS&PF Office for mailing address.

## Notes

- This form is a declaration of your interest in becoming a CS&PF observer for the 2018 swim season. Submission of this form does not oblige you to observe any CS&PF swims; neither does it guarantee that you will be called to observe a swim by the CS&PF Observer Liaison officer.
- To observe a Channel swim, you must be over 18 years of age on the day of the swim.
- You must have a valid passport and and/or any other travel documents enabling you to cross UK-France border with no restrictions.
- We recommend that you have a valid European Health Insurance Card. To apply for your free EHC card, please visit <https://www.ehic.org.uk/>
- You must notify the CS&PF Observer Liaison officer of any changes in your contact details or circumstances listed in this form.

## Personal Details

<b>First name</b>		<b>Surname</b>	
<b>Date of Birth</b>		<b>Nationality</b>	
<b>Address</b>			
<b>Town/City</b>		<b>Postcode</b>	
<b>Contact phone(s)</b>			
<b>Email</b>			
<b>Emergency / land-based contact</b>			

## Prior Experience

Have you observed Channel swims before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Have you swum in the Channel before (solo or relay)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Have you ever crewed for a Channel swim or helped with any open water swim events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Have you any prior experience of observing or officiating any other sport events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

## Availability

Please complete this section to the best of your current knowledge. Indicating availability does not oblige you to accept any observing duties offered by the CS&PF Observer Liaison officer.

Tide	Availability	Comments
Neap: 03 Jun - 10 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 11 Jun - 19 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 20 Jun - 28 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 29 Jun - 02 Jul	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	

## Availability

Neap: 03 Jul - 10 Jul	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Spring: 11 Jul - 19 Jul	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Neap: 20 Jul - 27 Jul	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Spring: 28 Jul - 02 Aug	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Neap: 03 Aug - 08 Aug	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Spring: 09 Aug - 17 Aug	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Neap: 18 Aug - 25 Aug	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Spring: 26 Aug - 01 Sep	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Neap: 02 Sep - 07 Sep	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Spring: 08 Sep - 15 Sep	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Neap: 16 Sep - 22 Sep	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Spring: 23 Sep - 01 Oct	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
Neap: 02 Oct - 05 Oct	Full <input type="checkbox"/>	Partial <input type="checkbox"/>	None <input type="checkbox"/>	
I am willing to observe a 2-way or a 3-way swim				Yes <input type="checkbox"/> No <input type="checkbox"/>
I am willing to observe more than one swim on a tide (e.g. back-to-back swims)				Yes <input type="checkbox"/> No <input type="checkbox"/>
How many swims would you like to observe this season?				
Minimum notice period and approximate travel time to Dover harbour:				
Any other information regarding your availability:				

## Medical Information

Please answer Yes/No to the questions below: if Yes, please provide more information in the Notes box	
Do you have any of the following: Disability, Epilepsy, Asthma, Diabetes, heart conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other health considerations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on a special diet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you taking any medications (prescriptions or otherwise)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be carrying any medications with yourself during the swim? If yes, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional notes:	

## Signature

<ul style="list-style-type: none"> <li>I declare that I consider I am physically and mentally fit to undertake the observer role on a cross-Channel swim and have not been otherwise informed by a medical practitioner.</li> <li>I will advise the CS&amp;PF of any further changes in my medical condition or other circumstances that arise before I take up the observer role.</li> </ul>			
Name		Signature	
Date			