



CS&PF Office
email: 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.

MEMBERSHIP APPLICATION FORM 2026

Membership No. 26 / _____ (for office use)

Notes

Read the current CS&PF information and rules on <http://cspf.co.uk> before completing this form

- CS&PF membership is open to all persons, associations, clubs and other bodies who have an interest in long distance swimming world-wide, and attempts to cross the English Channel/La Manche by swimming or "any other means" of crossing requiring an escort/pilot.
- If applying as a club or association, please make your application directly to Honorary Secretary.
- Individual members must be over 12 years old. **FOR SWIMMERS UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST ALSO SIGN THIS FORM.**
- **Individual 1-year membership is £30 Individual 10 Year Membership £160 Associate £20**
- CS&PF membership starts on the 1st January and expires on the 31st December.
- Members are eligible to vote in the AGM following their membership year. Each member shall have one vote.
- If you are applying for CS&PF membership because you wish to swim in a relay attempt, please complete the "CS&PF Relay" section below. If you are applying because you have booked a solo attempt, you should complete the Solo Application form instead.

Personal Details

First name		Surname	
Date of birth		Nationality	
Address			
Town/City		Post Code	
County/State		Country	
Contact Phone(s)			
Email			

Payment

1-year membership: £30.00 10 year membership £160.00 Associate £20

- Payments must be in £ Sterling
- For credit or debit card payments, please use PayPal and our Cost Calculator page <http://cspf.co.uk/cost-calculator>
- For bank transfers, CS&PF bank account details are:

Barclays Bank
Sort Code: 20-17-92
Account no.: 00805610
SWIFT/BIC: BARCGB22
IBAN: GB49 BARC 2017 9200 8056 10

- Cheques and bankers drafts must be payable to "CS&PF"

Payment method	Credit/Debit card (PayPal) <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>	Cheque <input type="checkbox"/>
----------------	---	--	---------------------------------

CS&PF Relay

(if applicable)

- By completing the following section you indicate you wish to be part of a relay attempt. Please ensure the relay Team Manager is aware of your application.
- No later than 14 days prior to this relay attempt or 31 July (whichever is earlier), you must complete and submit your Medical and Assessment Swim forms together with the appropriate certification or other evidence of having completed a relay assessment swim (at least 1.5 hours swim then leave the water for a min of 1 hour and a max of 1.5 hours, then return to the water and swim for 1 more hour in water 61°F/16°C or less) within 18 months of this relay attempt, failing which your application will be invalid, unless confirmed in writing by the CS&PF in its discretion.
- If you are completing this form online, you can upload these documents in the following section. Alternatively, email signed and scanned documents to office@cspf.co.uk, referencing your relay name.

Relay Name			
Pilot name		Tide start date	
Emergency/Land based contact			

Observing

The observer is a vital part of every channel swim and its a great way to learn more about channel swimming and give back to the swimming community. Please confirm if you are happy to be contacted about future observing opportunities Yes ☐ No ☐

Your commitment

(If Applicant has completed "CS&PF Relay" section)

- I hereby notify the Channel Swimming & Piloting Federation ("CS&PF") that I wish to attempt a crossing of the English Channel - La Manche as part of this relay.
- I have read, understood and agree to abide by the rules and guidelines of the CS&PF available on <http://cspf.co.uk>. I hereby agree and understand that if I am in breach of any of the rules or guidelines this application may become invalid and/or the crossing will not be recognised or ratified. I accept that the decision of the Official Observer during the crossing and the CS&PF committee after the crossing are final with regard to the interpretation of such rules and guidelines.
- I, the undersigned, intending to be legally bound hereby certify that I consider myself physically and mentally fit to undertake the crossing and have not been otherwise informed by a medical practitioner.
- I will advise the CS&PF of any further changes in my medical condition that arise before our relay swim takes place.
- I acknowledge and understand that Channel swimming is an extreme sport. I am aware of the risks inherent in attempting a Channel crossing and the training for such an event, including possible permanent disability or death. I agree to accept and assume all those risks. I hereby waive any and all rights, to the fullest extent permitted by applicable law, to claim for loss or damages against the CS&PF and/or any body affiliated thereto and any of the Federation officials supervising, observing or organising events, which arise out of my participation in this relay attempt, or any activities incidental thereto.
- I undertake to remain readily contactable by the CS&PF on the contact details provided above (or on updated details I may provide) and to respond promptly to the CS&PF at all times up to this relay attempt.
- I undertake to give urine and/or blood samples if so requested both during training, before the crossing and after the crossing.
- I acknowledge and accept that the provision of certification for a relay assessment swim (as described above) and medical/health condition in no way implies any representation by the CS&PF that I have completed sufficient training or that I am sufficiently fit or healthy to make such an attempt.
- I undertake to be solely responsible for assessing whether I have achieved an appropriate amount and type of training, fitness and health before embarking upon this relay attempt and that I will not make the attempt if for any reason I have failed to achieve this, whilst still acknowledging that I shall remain solely responsible for all lost fees and expenses.

Name		Signature	
Date			

FOR PERSONS UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST ALSO SIGN THIS FORM