



CS&PF Swim Liaison
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OBSERVER REGISTRATION FORM 2025

Notes

- This form is a declaration of your interest in becoming a CS&PF observer for the 2025 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 Swim 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.
- You must notify the CS&PF Swim Liaison officer of any changes in your contact details or circumstances listed in this form.

Personal Details

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

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"/>

Prior Experience

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 Swim Liaison officer.

Tide	Availability	Comments
Neap: 01 Jun - 10 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 11 Jun - 15 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 16 Jun - 22 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 23 Jun - 30 Jun	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 01 Jul - 10 Jul	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 11 Jul - 18 Jul	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 19 Jul - 23 Jul	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 24 Jul - 30 Jul	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 31 Jul - 08 Aug	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 09 Aug - 16 Aug	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 17 Aug - 21 Aug	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 22 Aug - 28 Aug	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 29 Aug - 05 Sep	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 06 Sep - 13 Sep	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 14 Sep - 18 Sep	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 19 Sep - 27 Sep	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 28 Sep - 04 Oct	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Spring: 05 Oct - 12 Oct	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	
Neap: 13 Oct - 18 Oct	Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/>	

Availability

Spring: 19 Oct - 26 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.	
The pilot you are assigned to will be made aware of any medical issues you have declared.	
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

Signature

By signing below I declare, confirm and undertake as follows:

- I declare that:
 - -> I consider I am physically and mentally fit to undertake the observer role before, during and after a cross-Channel swim and undertake to do so in accordance with the requirements of the Observers Guide (May 2024 edition) and all lawful directions of the CS&PF and of the pilot of the vessel to which I am assigned for the purposes of observing the swim
 - -> I will advise the CS&PF immediately if this declaration becomes inaccurate or misleading at any time prior to an assigned swim;
- Without limiting the generality of the above declaration, I undertake not to attempt to observe any swim and immediately to notify the CS&PF that I am unable to do so and of the reason why, if any of the publicly acknowledged symptoms associated with the Covid-19 virus (such as fever, cold-like symptoms, continuous cough, unexpected fatigue, general malaise or loss of taste/smell), be experienced (however mildly) within 14 days of my assigned swim:
 - -> By me, or
 - -> By any person with whom I have come in to contact within that 14 day period; and
- I undertake that I will submit the completed Observer Report & invoice within 4 weeks of the swim date.

Name		Signature	
Date			