



## WORLD PARA SWIMMING APPLICATION FOR WORLD OR REGIONAL RECORD

1. Athlete Name: \_\_\_\_\_ 2. SDMS ID: \_\_\_\_\_

3. NPC: \_\_\_\_\_ 4. Male \_\_\_\_\_ Female \_\_\_\_\_

5. Class: \_\_\_\_\_ 6. Class Status: \_\_\_\_\_

7. Length of Course: 25m 50m

8. Stroke (freestyle, backstroke, butterfly, breaststroke, individual medley, medley relay, freestyle relay): \_\_\_\_\_

9. Length of Event and points if relay: \_\_\_\_\_

10. Relay Team, names and classification on order of competing:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

11. Time: \_\_\_\_\_ 12. Date of Race: \_\_\_\_\_

13. Record: World Record Regional Record Region: \_\_\_\_\_

14. Name of the competition: \_\_\_\_\_

15. Manufacturer of Electronic Equipment: \_\_\_\_\_

16. In case a movable bulkhead was used, was the course measurement confirmed in accordance with rules 10.18.12, 10.18.13 and Facilities: 1.2.13? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Was the Water still? Yes \_\_\_\_\_ No \_\_\_\_\_ 18. Pool: Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

19. Please confirm the swimsuit worn by the swimmer(s) is in line with 10.16: Yes \_\_\_\_\_ No \_\_\_\_\_



20. Please confirm Anti-Doping testing was conducted in line with 10.18.7, and written confirmation provided to World Para Swimming: Yes      No

21. In my opinion World Para Swimming rules have been upheld: Yes      No

Name of Referee: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of WPS ITO: \_\_\_\_\_ Signature: \_\_\_\_\_

22. Submitted by  
(LOC representative): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All record application forms must be submitted to World Para Swimming at [infor@worldparaswimming.org](mailto:infor@worldparaswimming.org) together with an official result sheet pdf, the electronic timing slip (printout from Automatic Officiating Equipment) within 15 days of the record setting performance. The NPC or the recognised NF must be copied on the submission.