

## Second Claim Club Competition Request Form

This form is to be used by swimmers requesting to represent their Second Claim Club instead of their First Claim Club at a Swimming WA meet. Swimmers must have completed an approved First and Second Claim Membership form before this request is made.

This form is valid for one meet only. A separate form must be completed for each meet at which swimmers wish to represent their Second Claim Club.

### Swimmers Information

Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female (Circle)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SWA Membership # \_\_\_\_\_

First Claim Club: \_\_\_\_\_

Second Claim Club: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If under 18 years old, Parent/Guardian to sign on behalf of the swimmer)

### Meet Details

Name of Meet	
Location of Meet	
Date Clearance from	
Date Clearance to	

### First Claim Club

The \_\_\_\_\_ Swimming Club approves that the swimmer listed above to represent their Second Claim Club at the listed meet as evident by the signature below.

**Approved** Name: \_\_\_\_\_ (Club President/Secretary/Registrar)

**Denied** Sign: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Second Claim Club

The \_\_\_\_\_ Swimming Club is prepared to have this swimmer represent our club at the meet listed above.

Name: \_\_\_\_\_ (Club President/Secretary/Registrar)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please send the completed form to: [waswim@wa.swimming.org.au](mailto:waswim@wa.swimming.org.au)

