

DSA Swimming Club 5719/2012
9-2, Jalan Radin Bagus 6,
Bandar Baru Sri Petaling, 57000 Kuala Lumpur

Data PMS Kous T: 1300 222 372

E: dsaswimteam@dswimacademy.com

W: www.dsaswimteam.com

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| Meet Title :                                                                                                                                                                                                                                                                                                                                                                                                  | 2nd ASUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | //NSC/MILO MID                                                                                                                                                                             | & LONG DISTANCE SWIMM                                                                              | IING CHAMPIONS                                                                                                          | SHIPS 2017                            |  |
| Meet Date :                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | 21st - 22nd October 2017                                                                           |                                                                                                                         |                                       |  |
| Meet Location :                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | National Aquation                                                                                                                                                                          | Centre, Kuala Lumpur Spor                                                                          | rts City, Bukit Jalil                                                                                                   |                                       |  |
| Club Entry Closing Date:                                                                                                                                                                                                                                                                                                                                                                                      | te: 1st October 2017 @6pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| [A] SWIMMER DETAILS                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| Full Name :                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| Date of Birth :                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ge                                                                                                                                                                                         | nder : M / F                                                                                       | Malaysian :                                                                                                             | YES / NO                              |  |
| Contact No. :                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | e Grp : Email                                                                                      | •                                                                                                                       | 123 / 140                             |  |
| [B] PARTICIPATING EVENT                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | · <u>—                                     </u>                                                    |                                                                                                                         |                                       |  |
| *Please fill in event to part                                                                                                                                                                                                                                                                                                                                                                                 | icipate only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| Event                                                                                                                                                                                                                                                                                                                                                                                                         | Event No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Best Time M M: S S. S                                                                                                                                                                      | S Event                                                                                            | Event No.                                                                                                               | Best Time<br>M M: S S. S S            |  |
| 800m Freestyle                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i i                                                                                                                                                                                        | 1500m Freestyle                                                                                    |                                                                                                                         | iii                                   |  |
| 200m Backstroke                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ii                                                                                                                                                                                         | 200m Butterfly                                                                                     |                                                                                                                         | iii                                   |  |
| 200m IM                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i i                                                                                                                                                                                        | 400m IM                                                                                            |                                                                                                                         | i i                                   |  |
| 200m Breaststroke                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | į į                                                                                                                                                                                        | 200m Freestyle                                                                                     |                                                                                                                         | i i                                   |  |
| 400m Freestyle                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i i                                                                                                                                                                                        | Available for Relay                                                                                | YES                                                                                                                     | NO 🔲                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| [C] TERMS & CONDITION                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| <ul> <li>4) Qualifying time applies.</li> <li>5) A fine of RM20.00 will be</li> <li>6) Penalty of RM25.00 will</li> <li>7) Fill up the event no., be</li> <li>8) This form must be subnoted before the "Club Closing) There will be no changed</li> <li>10) Coaches has the right to</li> <li>By signing this, I hereby declar</li> <li>terms and condition and hereorganizing committee under and</li> </ul> | be imposed of be imposed st time and contited to DSA g Date". Late as allowed aft o withdraw or that all inforce that all inf | n swimmer who co<br>for each event monsult the coache<br>administrative coache<br>entries will NOT<br>er submission of a<br>r add events for so<br>primation provided<br>pay for the penal | Swim Meet Form. wimmer and it is finaled. d is true and correct and I h ty and any charges imposed | ualifying Time.  ess a medical cert plete form will no firm the entry  ave read and und by the swim me e by DSA coaches | ot be accepted.<br>lerstand all<br>et |  |
| [D] SWIMMER'S & PARENT'S                                                                                                                                                                                                                                                                                                                                                                                      | AGREEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            | [E] COACH'S AGREEME                                                                                | NT                                                                                                                      |                                       |  |
| Swimme                                                                                                                                                                                                                                                                                                                                                                                                        | r Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                                                                                    | Coach Signature                                                                                                         |                                       |  |
| Swimmer Full Name :                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | Coach Name :                                                                                       |                                                                                                                         |                                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | Date :                                                                                             |                                                                                                                         |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | [F] OFFICE USE ONLY                                                                                |                                                                                                                         |                                       |  |
| Parent                                                                                                                                                                                                                                                                                                                                                                                                        | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            | Admin Sig                                                                                          | gnature & Payme                                                                                                         | ent Stamp                             |  |
| Parent Full Name :                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | Payment Amount :                                                                                   | RM -                                                                                                                    |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | Date & Time Received :                                                                             |                                                                                                                         |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <- (                                                                                                                                                                                       | cut here ->                                                                                        |                                                                                                                         |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| [G] OFFICE USE ONLY - SWIMI                                                                                                                                                                                                                                                                                                                                                                                   | MER'S COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                                    |                                                                                                                         |                                       |  |
| Meet Title :                                                                                                                                                                                                                                                                                                                                                                                                  | 2nd AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UM/NSC/MILO MID                                                                                                                                                                            | & LONG DISTANCE SWIMMING                                                                           | CHAMPIONSHIPS 2                                                                                                         | 2017                                  |  |

Date and Time Received : \_\_\_

Remark

\*Kindly visit www.dsaswimteam.com for more updates

Swimmer's Name : \_\_\_

Event No.