



CANADIAN RECORD APPLICATION – INDIVIDUAL EVENT

Senior Record Age Group Record Para-swimming Record Masters Record

Athlete's Name: _____ Male Female

Date of Birth (mm/dd/yyyy): _____ Swimming Canada ID: _____

Club: _____ Age Group (if applicable): _____

Event: _____ Official Time (mm:ss.00): _____

Date of Record Swim (mm/dd/yyyy): _____ Para-swimming classification (if applicable): _____

Competition Name: _____ LC SC

Date of Competition (mm/dd/yyyy): _____ - _____ Host Club: _____

Event Venue: _____ City, Province: _____

***** Please be aware that International records (WR/WJR/WPS/Commonwealth) may not be ratified if taping is worn for record-breaking swims. It is advised to remove the taping in such instances.***

The following officials hereby validate the record breaking performance. The meet was duly sanctioned and advertised, and we certify that all Rules of Swimming Canada, relating to the establishing of a record, were observed.

Meet Manager

Referee

Name: _____

Name: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

Please submit the following paperwork with form:

Official event results including splits and back up times

Submitted By: _____ Email: _____

The record application form and required paperwork must be submitted to Swimming Canada by email at natloffice@swimming.ca within 7 days of performance.