



Form 3

Preliminary Entry Registration - Deadline: 02.06.2018

Technical Director:
Volodymyr Zinenko
E-Mail: swimming@edso.eu

Preliminary entry: 02.07.2017 (Form 1)
Final entry: 02.01.2018 (Form 2)
Player Registration: 02.06.2018 (Form 3)

EDSO Representative:
Juha-Matti Aaltonen
E-Mail: aaltonen@edso.eu

Please!!! We ask you to return this form to Volodymyr Zinenko and cc to Juha-Matti Aaltonen even if your country is not intending to participate. It is important for our preparations! Thank you!

12th European Deaf Swimming Championships 2 to 7 July 2018 in Lublin, Poland

Nation	
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Please fill in the names of maximum 4 athletes per discipline per gender below here.

50 m freestyle men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m freestyle women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

100 m freestyle men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			



100 m freestyle women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 m freestyle men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 m freestyle women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

400 m freestyle men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

400 m freestyle women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			



800 m free women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

1500 m free men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m breaststroke men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m breaststroke women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

100 m breaststroke men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

100 m breaststroke women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			



4			
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200 m breaststroke men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 m breaststroke women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m backstroke men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m backstroke women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

100 m backstroke men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

100 m backstroke women

	FAMILY NAME	First Name	ICSD ID #
1			
2			



3			
4			

200 m backstroke men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 m backstroke women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m butterfly men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

50 m butterfly women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

100 m butterfly men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			



100 m butterfly women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 m butterfly men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 m butterfly women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 individual medley men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

200 individual medley women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

400 individual medley men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			



4			
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400 individual medley women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			

Relay races

4 x 100 freestyle relay men

	Team	Yes/No
1		

4 x 100 freestyle relay women

	Team	Yes/No
1		

4 x 200 freestyle relay men

	Team	Yes/No
1		

4 x 200 freestyle relay women

	Team	Yes/No
1		

4 x 100 medley relay men

	Team	Yes/No
1		

4 x 100 medley relay women

	Team	Yes/No
1		

4 x 100 mixed freestyle relay

	Team	Yes/No
1		

4 x 100 mixed medley relay

	Team	Yes/No
1		



Men

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Women

	FAMILY NAME	First Name	ICSD ID #
1			
2			
3			
4			
5			
6			
7			
8			



9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Officials

	FAMILY NAME	First Name	Position
1			
2			
3			
4			
5			
6			
7			

**The position of each official must be entered. For example:
President , Leader, Coach, Assistant Coach, Doctor, Physiotherapist, or Interpreter**

Our delegates will attend the Technical Meeting, they are:

	FAMILY NAME	First Name	Position	
1.				Deaf
2.				Deaf/Hearing

DECLARATION

On behalf of our players and officials we declare that we have read and will comply with the regulations for the EDSO Competitions and the information provided by us in this form is accurate to our knowledge.

EUROPEAN DEAF SPORT ORGANISATION

Founded on 7th July 1983 in Antibes/France



We confirm that all our players named herein are deaf, citizens of our country, and registered under the appropriate gender. All our players and officials have a current valid passport issued by our country.

We understand that a fine will be levied on any athlete withdrawn after the final entry.

The schedule fees are shown on the EDSO website:

<http://www.edso.eu/wp-content/uploads/2015/01/Fees-Schedule-for-EDSO-from-01.01.2015.pdf>

*No player can be replaced after the final entries on **02 06 2018**, with the exception of those with a valid doctor's certificate that the player should not be allowed to start.*

**We hereby confirm that we have read and understood the
EDSO General Sports and Technical Regulations.**

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President (Name and signed)

Secretary (Name and signed)

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Date (dd/mm/yyyy)