



**MS 24 Hour MEGA SWIM**

## Floatation Device Form

Event	
First Name	
Surname	
Team	
Phone number	
Email	
Reason for use of the floatation device	<input type="checkbox"/> I live with MS <input type="checkbox"/> I live with a disability <input type="checkbox"/> An injury acquired prior to attending the event (please outline below)
	Other
I declare that above is true	<div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Signature</span> </div>
Date signed	

Rules and Regulations are located  
[www.msme gaswim.org.au](http://www.msme gaswim.org.au)



@Megaswim



[www.facebook.com/megaswim](http://www.facebook.com/megaswim)



Requires a QR code reader to view. Visit your applications page



### Office Use

Date Received	By email, mail or other
Approval Granted	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no why not:
Participant notified of outcome	Yes/No – date informed.
Approved by	<div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>

Created 29/07/2013

Updated: 17/04/2014