

## ALREADY REGISTERED BUT WANT TO REGISTER FOR A NEW SPORT?



If you are already Registered for a sport you can now Register for a NEW SPORT without having to complete the Registration Forms again. Just complete the NEW SPORT REGISTRATION FORM below -

**You will need to pay the US\$15 New Registration Fee.**

### NEW SPORT REGISTRATION FORM

**Name: \*** .....

**Country \*** .....

**E-mail address: \*** .....

**Registered Sport SU-DS Number\*** .....

**New Sport \*** .....

**Send this form to: the SUDS  
Registration Vice President .  
See [www.SU-DS.org](http://www.SU-DS.org) for the  
e-mail address**

**DSISO DIVE START FORM (See GUIDELINE NOTES for details)**



The purpose of this form is to record the ability, or otherwise, of a named swimmer to safely and proficiently achieve a dive start from either the side or the starting block in competitive swimming or synchronised swimming events

It is the responsibility of the coach/trainer who signs this form to ensure that the named swimmer is safe in performing the activities stated in the Dive Start Tests for DSISO.

Coaches must read the Flow Chart and Guidelines for the completion of this Form.

Coaches must make themselves aware of the requirements for medical clearance from AAI prior to commencing Dive Start training or to undertake the assessment.

Failure to produce this Form, correctly completed, prior to competing in any DSISO promoted Championship will result in the swimmer being to start all races in the water.

Swimmers Name ..... DSISO Registration No .....

Country: ..... Club: .....

Medical Evidence states "Clear of AAI" YES  NO

**NOTE: IF THE RESPONSE IS NO THEN THE SWIMMER MUST NOT DIVE**

Does the Medical Evidence state "Symptomatic AAI"? YES  NO

**NOTE: IF THE RESPONSE IS YES THEN THE SWIMMER MUST NOT DIVE**

**Assessment of Dive Start Test (SIDE)** Pass  Fail  Date of Assessment .....

Signature of Coach/Trainer: .....

Name of Coach/Trainer: ..... Qualification: .....

**Assessment of Dive Start Test (BLOCK)** Pass  Fail  Date of Assessment .....

Signature of Coach/Trainer: .....

Name of Coach/Trainer: ..... Qualification: .....

**NOTE: Signature of Parent/Carer/Responsible person** .....

Name ..... Date .....

For Official Use: Received (Date) .....

Approved (Technical Director) .....