

DSISO RECORD APPLICATION FORM



World/Region EUROPEAN OPEN 25+

1 Name of Competitor: ADAM GREIG STEWART

2 Country: SPAIN

3 Date of Birth: 12/7/84 Male/Female: MALE

4 Classification: Down Syndrome Trisomy 21 or Mosaic Down Syndrome

5. DSISO Reg No. ESP 106

6 Stroke (Freestyle, Backstroke, Breaststroke, Butterfly, Ind Medley).....

7 Length of event: 800 Length of course: 25m/50m

8 Age Group: OPEN

9 Relay team, names in order of competing and birth dates:

- 1. Date of Birth: DSISO Reg No:
- 2. Date of Birth: DSISO Reg No:
- 3. Date of Birth: DSISO Reg No:
- 4. Date of Birth: DSISO Reg No:

10 Electronic time: Hand Held Times: (in case of no electronic timing): 1. 2. 3.

11 Manufacturer of Electronic Equipment: ARIES 21 - OMEGA

12 Was the course measured by a qualified person: (See GN.8.2.1) YES

13 Competition title: EUROPEAN DOWN SYNDROME OPEN CHAMPS

14 City: SOUTHAMPTON Name of Pool: THE QUAYS

15 Date of race: 10.5-14 Was the water still? Yes/No - Outdoor/Indoor

16 Please specify model of swimsuit(s) worn by the swimmer(s) and, when applicable, the model number HEAD FE1412

17 In my opinion all FINA rules and rules as amended for DSISO have been upheld

18 Name of Referee: SUE BARKER Signature: [Signature]

19 Submitted by: [Signature] Position: HEAD OF DELEGATION

Organization: DSISO SPAIN Signature: [Signature]

Date: 11/05/2014 Email: agnacio.lopez@yahoo.es