



# NORTH CHANNEL SWIMMING ASSOCIATION

Swimmers Application Pack 2026.



## Swimmers Application Form 2026.

Please complete in full and return to [swim@northchannelswimming.com](mailto:swim@northchannelswimming.com)

Name:	
Address:	
Home Country:	Country you are representing
Date of Birth: (Age)	DD/MM/YYYY / Age at time of application
Previous Swims and Date(s)	Please enter Swim Location, Date, Length of swim and Average Water Temp.
Tidal Window / Date of proposed Swim	Date of North Channel Attempt
Solo / Relay (no. of team members)	Solo / Relay / One way or Two Way attempt
Pilot/Boat Captain Name	Meharg / Mallon / Nelson. Delete as appropriate

1. Swimmers should include evidence of previous swims signed, witnessed and dated.
2. Swimmers must have their own Insurance and send documented evidence of same.
3. Swimmers should send Medical documents signed, witnessed and dated by a qualified Medical Professional stating, "There are no known medical reasons why the applicant cannot attempt a North Channel swim."
4. Full Payment must be made by 30<sup>th</sup> April 2024. If this is not the case NCSA will not guarantee an observer will be available. Observer fees less admin costs will be returned should the attempt be cancelled one month or more before the swim is to take place.
5. An invoice will be generated once a completed application form has been submitted. The NCSA accept Paypal payments for all Observer fees.
6. Sign the Declaration at the end of this document.

**Additional Information:**

The North Channel Swimming Association (NCSA) will only be responsible for the Observer which we will provide for your swim.

The NCSA takes no responsibility for boat, Pilot / Captain or swimmers' crew members. These arrangements should be made with your chosen Pilot / Captain directly. NCSA will not act on your behalf with regard to these arrangements.

THE NCSA will provide an experienced observer who will be familiar with the North Channel and will have the ability to advise both the swimmer and the swimmers crew on the progress of the swim. As such the observer will have frequent and regular conversations with both the swimmers crew and boat Pilot / Captain.

The NCSA Observer will not have the ability to stop an attempt, however, they will have the capacity to discuss concerns with the boat Pilot / Captain.

The NCSA will ensure the appointed observer has made contact with the boat Pilot / Captain, who in turn will confirm starting arrangements with the Observer directly.

THE NCSA have in place an arrangement with WOWSA and Oceans Seven with regard to ratification. Should any question(s) arise these will be dealt with in a timely manner by independent pre-appointed adjudicators. The swimmer will be kept informed at all stages of this process.

**Declaration:**

I declare that all information submitted is correct to the best of my knowledge. I understand that I am attempting the North Channel crossing of my own choice. I have / will have my own insurance in place for the attempt. I will not hold the NCSA accountable for any unforeseen circumstances.

Swimmers Name: \_\_\_\_\_ Date: \_\_\_\_\_

Swimmers Signature: \_\_\_\_\_

**Insert Previous swim Documentation here:**

Date:	[Date]
Location:	[Location]
Water Temp:	[Degress C]
Swim Time:	[HH:MM:SS]
Witness (email address):	[ @ ]
Further Information:	[ ]

Date:	[Date]
Location:	[Location]
Water Temp:	[Degress C]
Swim Time:	[HH:MM:SS]
Witness (email address):	[ @ ]
Further Information:	[ ]

**Insert Medical Report here or attach to email.**

Please complete noting any previous known issues:

Ears:	Yes/No
Nose:	Yes/No
Throat:	Yes/No
Cardiac:	Yes/No
Epilepsy:	Yes/No
Fainting/Collapse	Yes/No
Circulation:	Yes/No
Pregnant:	Yes/No
Registered Disabled	Yes/No
Nervous/Anxiety	Yes/No
Others:	

Please provide further information if required:

Illness / Problem:	
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Medical Professional Declaration:

The North Channel is one of the hardest swims in the world. Average water temperatures range from 12-15 degrees Centigrade with strong tidal currents. The average time in the water for a successful crossing ranges from 9.5 hours to 18 hours. Please confirm by signing below that in your medical opinion, the applicant is fit and able to attempt a swim of such magnitude.

Doctors Name:	
Address:	
Email:	
Applicant Name:	

Medical Declaration:

I can confirm I have examined the applicant and have found no medical reason why they should not attempt a crossing of the North Channel.

Signed:

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Date:

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