**SWIM ULSTER SENIOR SCHOOLS CUP & CHAMPIONSHIPS – 7.2.2025**

**School Permission Form**

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| --- | --- | --- | --- |
| **School Name** |  | **Name of Contact** |  |
| **Address** |  | **Mobile No** |  |
| **Email Address** |  |

|  |  |  |
| --- | --- | --- |
| **Name** | **M/F** | **Date of Birth** |
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 **Please continue on additional form if required**

**Swimmer Supervisor 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer Supervisor 2 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that the above pupils attend this school and that their dates of birth are correct. I give my permission**

**for them to represent the School above at the Swim Ulster Senior Schools Cup & Championships on 7.2.2025 and I also approve the 2 Swimmer Supervisors (if applicable) attending the Meet.**

**Signature of Principal / Teacher in Charge of Sport : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Stamp**