



# Down Syndrome International Swimming Organisation

Additional Forms for the Registration of a swimmer

The following Pages must be returned with the Main  
Registration Form

DSISO DIVE START FORM

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DECLARATION OF MEDICAL CONDITIONS  
THAT MAY REQUIRE EMERGENCY  
MEASURES

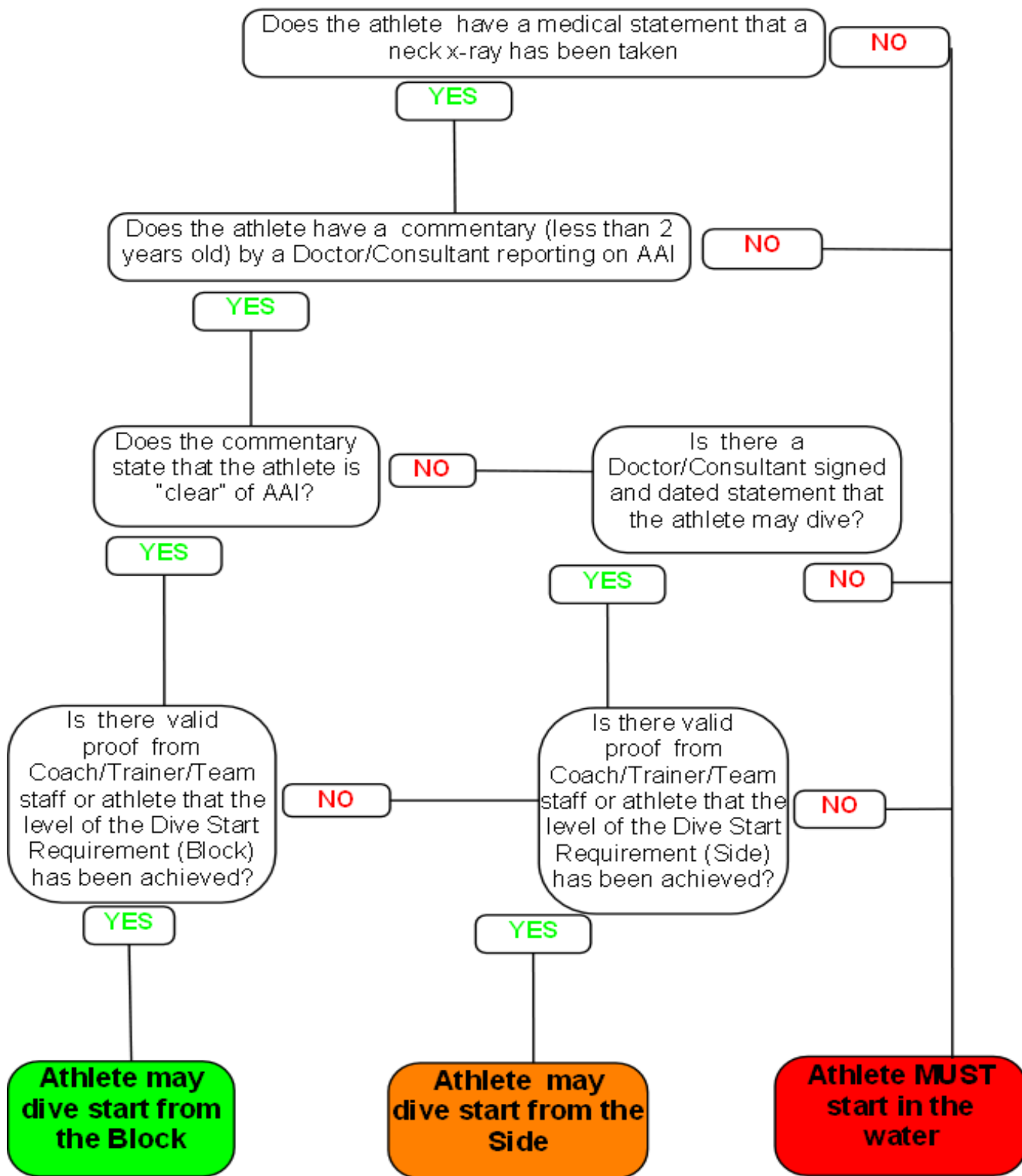
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DSISO EXCEPTION CERTIFICATION

# PERMISSION TO DIVE START – DSISO RULES

The following flow chart, together with the associated forms and guidance on ability are to be used by ALL athletes wishing to dive start at DSISO-promoted championships and events.

Failure to provide any of the required documentation, in English, WILL result in the athlete being required to start in the water.



**Swimmers must also provide medical evidence of AAI (Atlanto Axial Instability) status; NOTE that any person without AAI clearance or who is diagnosed with Symptomatic AAI will NOT be permitted to dive.**



# DSISO Dive Start Guidelines –

## Minimum Performance Requirements

These Guidelines have been drawn from Fina Guidelines regarding depth of competition pools. Assessment and validation is to be made by a qualified swimming coach or swimming trainer.

**NOTE:** The Dive Start (Side) is also required for synchronised swimmers

### Dive Start Test (Side)

The depth of water is to be as minimum of 0.9m and a maximum of 1.5m, with a maximum freeboard of 0.38m

The swimmer is required to demonstrate that he/she is capable of performing the following activities from the Poolside under normal starting conditions in a proficient and safe manner.

1. Perform a shallow dive followed by a glide of at least 5m.
2. Perform a shallow dive followed by a front crawl leg kick to surface
3. Perform a shallow dive followed by a dolphin leg kick to surface
4. Perform a shallow dive followed by one breast stroke arm pull and leg kick to surface
5. Perform a track, grab or wind-up start followed by a glide for 5m

### Dive Start Test (Block)

This additional assessment is to ensure that the swimmer has confidence in the use of the Block in achieving a dive start.

The depth of water is to be as minimum of 1.35 and a maximum of 2.0m, the height of the Block is to be a minimum of 0.5m and a maximum of 0.75m above the water surface.

In addition to the requirements of the Dive Start Test (Side), the swimmer is required to demonstrate that he/she is capable of performing the following activities from the Block under normal starting conditions in a proficient and safe manner.

1. Perform a shallow dive followed by a glide of at least 5m.
2. Perform a track, grab or wind-up start followed by a glide for 5m
3. Perform a dive start followed by a front crawl leg kick to surface
4. Perform a dive start followed by one breast stroke arm pull and leg kick to surface

# DSISO DIVE START FORM



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 on Pages 8 & 9 of this Registration Pack

Coaches must make themselves aware of the requirement 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 Championships will result in the named swimmer being required to start all races in the water.

Swimmer's Name ..... DSISO Registration No .....

Country ..... Club .....

Medical letter states "Clear of AAI" ..... Yes  No

**NOTE: If the response is NO then swimmers must not dive**

Does Medical letter state "Symptomatic AAI" ..... Yes  No

**NOTE: If the response is YES then swimmers 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 .....

Signature of Parent/Carer/Responsible Person .....

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

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For Official Organisation use only: Received (Date) .....

Approved Technical Delegate (signature).....Date.....

Records annotated Technical Classifications (signature)..... Date .....

# DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES



[please print all information and complete in English]

Swimmer's Name ..... Registration No .....

I understand that DSISO requires me to state any known medical conditions that may compromise my safety in the water. I understand that I must state the current management for my condition[s]

I have the following medical condition(s) .....

The current management for the above is

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF DOCTOR / CONSULTANT .....

Date.....

Name/Surgery Stamp (essential).....

SIGNATURE OF SWIMMER .....

SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]:

.....

Name.....

DATE .....

This form is to be resubmitted if there are changes to the condition/, medication or management.

# DSISO EXCEPTION CERTIFICATION



Swimmer's Name: .....

Country: .....

Registration No. (If known) .....

Certain physiological conditions may prevent an swimmer from performing strokes correctly in accordance with DSISO Rules. This form is to be used to document those conditions, for an assessment by the DSISO Medical and Technical Staff to allow for Exemptions to be authorised from the DSISO Rules. These Exemptions will be subject to review by DSISO Medical and Technical Director during competition.

This information is to be reviewed every two (2) years when swimmer re-registers.

**DECLARATION** The above named swimmer has the following physiological conditions which impact on his/her ability to perform swimming and athletics strokes in accordance with the published rules: (Please provide outline diagnosis of physical impairment/condition, together with an estimate of physical effect on swimming and strokes)

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*Continue on a separate page if necessary. Please attach details of medical diagnosis/physical conditions for the assessment of the DSISO Medical Officer*

## DOCTOR /CONSULTANT contact information

Name		Doctors Surgery Stamp ESSENTIAL
Medical Speciality		
Address:		
City, Post Code, Country		
Phone (inc Country Code)		
Signed		
Signed – swimmer		
Signed Parent/Guardian (if under 18)		
Name	Date	

**CONFIDENTIAL**

Information on the form is covered by the Data Protection Act 1998 (UK)<sup>1</sup>  
 DSISO Registration Number Z1997794