



THE VIRTUAL SWIM RUN INTERNATIONAL CHAMPIONSHIP



INDIVIDUAL REGISTRATION FORM

Last Name _____ First Name _____ MI _____
Gender F M Age as of July 1, 2020 _____
Address _____ City _____ State _____
Country _____ Postal Code _____

Shirt Size YS YM YL S M L XL XXL

Email _____

Phone _____

Time for run Time for swim Total Time

I'm submitting a Pass if Forward Hero Project Yes No

WAVIER (Please read before signing):

I hereby certify the following:

I am physically fit and have no medical restrictions to participate in the ISCA Virtual Swim Run International Championship. If I do participate, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge ISCA Sponsors, organizers, affiliates as well as their agents and employees from any and all claims that may occur as a result of my participation.

Participant Name _____ Date _____

Participant Signature _____

Parent/Guardian/Coach signature if under 18 years of age.

Name (printed) _____

Signature _____

PAYMENT

Discover MasterCard Visa American Express

Cardholder Name _____

Expiration Date _____ Security Code _____

Card Number _____

Cardholder Address if different from above:

Address _____ City _____ State _____ Postal Code _____

Scan sheet and email to: info@swimisca.org
If you prefer to mail your registration, send to:

International Swim Coaches Association
2721 Brambleton Ave SW
Roanoke, VA 24015 USA

Enclose Check made payable to ISCA or complete the credit card information.