



**ITALY WATER WORLD SWIM(S)  
WATER WORLD SWIM, LLC APPLICATION  
LONG DISTANCE SWIMMING QUESTIONNAIRE**

MESSINA 5 Km SWIM CHANNEL Date \_\_\_\_\_ 202\_\_

BONIFACIO 16 Km SWIM CHANNEL Date \_\_\_\_\_ 202\_\_

CAPRI NAPOLI Date \_\_\_\_\_ 202\_\_

**Section 1- Swimmer Questionnaire**

**Section 2- Water World Swim, LLC Waiver/Release**

**Section 3- Physician's medical release**

*(Medical release required by the Italian National Sport Authorities)*

**INCLUDE TWO PHOTOGRAPHS, PASSPORT SIZE**

*Please send them by mail WWS 145 Town Ctr. #495 Corte Madera 94925  
add your name and passport no. on back of photos*

**\* Once the application is reviewed and approved by the Italian Sport authorities, a non-refundable deposit or full fee payment will be requested by Water World Swim. A link to make payments will be sent to the approved swimmer.**

**WATER WORLD SWIM, LLC LONG DISTANCE SWIM QUESTIONNAIRE**

*Water World Swim, LLC is committed to being a leader in internet and information privacy. As such we will not share any personally identifying information with anyone. We will use some information for statistical analysis, but never anything personally identifiable.*

Full Name \_\_\_\_\_ Male Female  
*(if minor, waiver must be completed by a parent or guardian)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on day of event \_\_\_\_\_ years

Phone: Cell \_\_\_\_\_ Another Phone to be contacted \_\_\_\_\_

**IN CASE OF EMERGENCY ( please list two contact persons ):**

1.-Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_

Phone *(can be easily reached)* \_\_\_\_\_ Email: \_\_\_\_\_

2.- Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_

Phone *(can be easily reached)* \_\_\_\_\_ Email: \_\_\_\_\_

**SWIMMER'S BACKGROUND QUESTIONNAIRE**

**Experience swimming open water** None \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

How often do you swim? \_\_\_\_\_ days a week Training ? \_\_\_\_\_ Leisure? \_\_\_\_\_

Are you presently receiving professional coaching advise ? Yes No How Often ? \_\_\_\_\_



Have you done extreme swims?: YES NO (If yes) When?: Date \_\_\_\_\_

Where?: \_\_\_\_\_ Distance \_\_\_\_\_ Km Mi Water temp: \_\_\_\_\_ F C

**Are you presently participating in a swim program? (Check those applicable)**

Masters \_\_\_ Open Water Triathlon Swim Pool lap swimming

If Master Swim Program, where? \_\_\_\_\_ Open Water Swimming, where? \_\_\_\_\_

How would you describe your swimming ability?

Slow Fast Average close to be a pro long distance swim endurance

Weekly average swim yards in pool \_\_\_\_\_ or weekly average distance in Open Water \_\_\_\_\_

When did you decide to participate in extreme swims? Year: \_\_\_\_\_

T SHIRT SIZE: S M L XL XXL

**NAME OF EVENT(S) YOU WILL BE SWIMMING** \_\_\_\_\_

**GEOGRAPHIC LOCATION:** \_\_\_\_\_

Have you done any research of the area or oceans you will be swimming?: Yes None

What is the estimated water temperature at the time of your swim? (F or C) \_\_\_\_\_

How many companions you will have in this swim trip? \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_

**TRAVEL INFORMATION:**

Passport #. \_\_\_\_\_ Country \_\_\_\_\_ Expiration Date \_\_\_\_\_  
*(please include a photo-copy of your passport to submit to local authorities)*

ITALY Embassy or Consulate address in your city: \_\_\_\_\_

City: \_\_\_\_\_ Country \_\_\_\_\_ Phone: \_\_\_\_\_

Embassy or Consulate or Representative of **your** country in ITALY :

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone: (Country Code) \_\_\_\_\_ No. \_\_\_\_\_

Do you have Proof of Covid vax? 1Vax 2Vax Booster Country Received?: \_\_\_\_\_



**Name and address of your family/personal physician**

Physician Name \_\_\_\_\_ Lic # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Clinic/Hospital Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**WAIVER**

This is a statement in which you are informed of some potential risks involved in open water swimming and of the conduct required of you during the long distance open water training program.

**To the Participant:** ( You will be asked to sign a waiver with the following terms )

**ASSUMPTION OF THE RISKS OF EXTREME DISTANCE SWIMMING:** Swimming in open waters is inherently dangerous. There have been swimmers that have died due to long exposure to cold or too warm water and suffered hypothermia or suffocation Also some swimmers swimming in rough open waters in different parts of the world have found obstacles or encounters with wild marine animals. Swimmers have been injured by objects in the water, both floating and fixed. There may be health hazards associated with pollution and currents, often more powerful than the strongest swimmer, are unpredictable and could swept swimmers off course. These are just some of the hazards and dangers associated with Bay swimming.

**I UNDERSTAND AND ASSUME ALL RISKS ASSOCIATED WITH SWIMMING IN OPEN WATERS**

**WAIVER AND RELEASE OF WWSC:** *On behalf of my heirs, assignees, personal representative, and next of kin, I hereby release and hold harmless Water World Swim, LLC Organization, its officers, members, officials, agents and employees and other participants, with respect to all injury, disability, death, or loss, injury or damage to me or my property, whether arising from the negligence of the WWSC, LLC its members or officers, or otherwise.*

*By signing this waiver and release, I certify that I understand that I cannot sue any person, instructor or coaches or those who act on behalf of the Open Water World Swim, LLC organization or those who may have authority over the company, and no one else can sue on my behalf. X \_\_\_\_\_  
(Please initial)*

**PARENTS MUST ADD PHOTO OR COPY FROM A VALID LICENSE.**

The information I have provided about my swimming and physical history is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature (if electronic signature please add last 4 digits of your DL)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if applicant  
Is a minor

\_\_\_\_\_  
Date



**PHYSICIAN'S APPROVAL FOR SWIMMER FORM**

Physician's Examination *(please check or initial one)*

**Stress Test:** \_\_\_\_\_

**Cardio Test:** \_\_\_\_\_

\_\_\_\_\_, I, Dr. \_\_\_\_\_ find no medical conditions that I consider  
Check here  
incompatible with my patient, Mr/Ms \_\_\_\_\_ swimming long distances  
for periods not longer than \_\_\_\_ hours.

\_\_\_\_\_  
Physicians signature

\_\_\_\_\_  
License No. State or Country

\_\_\_\_\_  
Date

\_\_\_\_\_. At this time I am unable to recommend my patient \_\_\_\_\_ to participate in stressful or  
extreme exercise or open water swimming for long periods of time.

Physician Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature or Legal Representative of Medical Practitioner**

Physician's name \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*