



**CIASA National Championships 5k Open Water Swim
Saturday 31st January 2026**

| | | | |
|---------------------------|--|------------------|--|
| START & FINISH | Governor's Beach | COURSE | 5 loops of 1k rectangular course |
| TIME | Race starts at 7:00am | ENTRY FEE | Event open to CIASA members only \$20.00 Adult CIASA member \$15.00 Child CIASA member |
| CHECK-IN | Check-in and registration at Governor's Beach 6:15am – 6:45am Race briefing at 6:50am | RACE CAPS | Swimmers may wear their clubs caps or will be provided one at check-in. |
| CUT-OFF TIME | 2 hours from race start | AGE GROUP | Age group is determined by the swimmer's age at midnight on 31 December 2026 |

If hazardous conditions threaten the safety of the swimmers or organisers, the race may be cancelled or stopped mid-race at the discretion of the Chief Referee

NAME _____ DATE OF BIRTH _____ AGE _____ ANY MEDICAL CONDITIONS? YES NO (see above) (if YES, list details above)

PHONE NUMBER _____ EMAIL _____ CIASA Member? YES NO

PLEASE CIRCLE YOUR DIVISION CODE

| AGE GROUP (as at 31 December 2026) | MALE | FEMALE | RACE NUMBER |
|---------------------------------------|------|--------|-------------|
| 14 – 15 years & younger | A | E | |
| 16 – 18 years | B | F | |
| 19+ and masters | C | G | |

**** Swimmers under age 12 may swim only with the written permission of their Coach and Parent**

DECLARATION AND DISCLAIMER OF LIABILITY

YOUR ATTENTION IS BROUGHT TO THE FOLLOWING WHICH YOU SHOULD READ CAREFULLY AND ENSURE THAT YOU UNDERSTAND: By completing this form, I declare, verify and understand that:

1. I am physically fit for the event, I am a competent swimmer and I have no medical reasons why I should not participate in this event. 2. I agree to abide by all of the event regulations stated.
3. I agree to participate entirely at my own risk, the extent of which I fully appreciate.
4. I waive all possible rights that I may have, or my heirs or dependents may have, as a result of any injury, loss to property or death which may occur as a

result of my participation in this event, in consideration of me participating in this event.

5. I accept that no liability whatsoever will attach to CIASA, the organisers, sponsors, volunteers or anyone else involved with Cayman swimming and that they are in no way responsible for the safety of any swimmer, in consideration of me participating in this event.

Signed _____ or _____
SWIMMER GUARDIAN (if swimmer is under 18 years old)

Signed _____
COACH (if swimmer is under 12 years old)



Ministry of Youth, Sports,
Culture & Heritage
Cayman Islands Government

MAPLES