



Lawson Amateur Swimming Club – Swim-a-thon – December 19, 2025

Swimmer's Name: _____ Age: ____ Total Laps Swum: ____ Checked by: _____

Swimmer's Declaration: My aim is to swim ____ laps of the 50m pool.

No.	Name of Sponsor	Address	Signature	Amount per Lap	Amount x Laps Swum	Flat rate sponsorship	Amount Collected
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

TOTAL AMOUNT COLLECTED: \$ _____

Please be aware that Swim-a-thon is an endurance event with inherent risks involved (cramps/exhaustion). Parents/carers are responsible for the safety of their children.

By signing this sponsorship form the parent/carer states that they are aware of the risks and will be monitoring their child/ren's progress throughout this event. Please make sure to bring this form on the night.

SIGNATURE PARENT/CARER _____

DATE ____/____/____