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## Solo Swimmer Application for 2018 Catalina Channel Attempt

Welcome to the Catalina Channel: a 20-mile cold water swimming challenge, which only a few hundred athletes have accomplished. Canadian George Young completed the first crossing at the inaugural Wrigley Ocean Marathon of 1927. In September 2014, George Young was inducted into the International Swimming Hall of Fame.

The 2018 Catalina Channel Swimming Federation (CCSF) application is a fillable pdf and easily completed on laptop or tablet. First, charter an escort vessel for your attempt. The CCSF recommends four boat captains. Their contact info is provided at the CCSF website.

Swimmers must apply for their Catalina sanction at least at least **45 days** in advance of their attempt. The CCSF offers a significant discount to swimmers who submit their completed application by **May 1**.

We would predict most athletes could complete this application within one day, though additional time should be budgeted for your medical physical, which is required. The CCSF will accept only a **CCSF Medical Certificate** signed by your doctor and dated in 2018.

International swimmers, please contact the CCSF for payment options in U.S. dollars.

Applications are accepted by **mail**, **fax**, and digital scans via **email**.

A CCSF representative will reply when your application has arrived. Incomplete applications will be immediately returned to sender.

Applicants may be contacted by a **CCSF representative** to review your application. When our assessment is complete, the swimmer will be notified if the application has been accepted.

In the days leading up to your scheduled attempt, a CCSF representative will introduce your Official Observers. At least two Observers are assigned per swim.

Please consider subscribing to the CCSF newsletter, which is how we share details about our awards banquet in November and updates on the Catalina Channel season. You'll find the subscription box at the bottom of the CCSF website homepage.

We look forward to seeing you soon in the Catalina Channel.

Forrest Nelson  
President, CCSF



# CCSF Application Checklist

Swimmers must apply **at least 45 days in advance** of their attempt

CCSF offers a discount to swimmers who deliver their completed application by **May 1**

CCSF Application may be delivered via fax, digital scan, or first class postal service.

Sanction fees & membership dues payable to "Catalina Channel Swimming Federation"

Send checks to: **Carol Sing, 10002 Cristobal Drive, Spring Valley, CA 91977 (U.S.A)**

Fax number: **866-910-3285**

Email address for application questions and/or delivery: **info@swimcatalina.org**

*\*\*International swimmers can obtain details via email on how to transfer funds*

**CHECKLIST FOR SWIMMERS:** The CCSF will automatically return applications lacking full documentation and money.

1. CCSF MEMBERSHIP FORM \_\_\_\_\_
2. MEMBERSHIP DUES made out to "Catalina Channel Swimming Federation" \_\_\_\_\_
3. WAIVER OF LIABILITY (Please ensure witnesses have signed the Waiver) \_\_\_\_\_
4. CCSF MEDICAL CERTIFICATE (Signed and dated by a doctor in 2017) \_\_\_\_\_
5. NOTICE TO ATTEMPT \_\_\_\_\_
6. HISTORY of attempted or completed long, cold-water swims \_\_\_\_\_
7. PLAN YOUR SWIM / SWIM YOUR PLAN \_\_\_\_\_
8. DOTTIE YORK SCHOLARSHIP (US Residents only) yes / no
9. SANCTION FEES for scheduled crossing attempt \_\_\_\_\_

CCSF membership for a total amount of \_\_\_\_\_ US \$ Dollars

Number of crossings \_\_\_ for a total sanction fee of \_\_\_\_\_ US \$ Dollars

Total submitted to the Catalina Channel Swimming Federation: \_\_\_\_\_ US \$ Dollars

*\*\*Swimmers outside the United States will likely be charged significant fees for international money transfers to US Dollars. These bank charges are your responsibility. Transfers often take several days, upward of a week, before funds are delivered. Plan in advance!*

**PHOTOCOPY CCSF APPLICATION & MEDICAL CERTIFICATE FOR YOUR RECORDS**

**DATE SENT to CCSF:** \_\_\_\_\_

CCSF does not provide support paddlers for swimmers. They are strongly encouraged for the safety of the swimmer. Having a support paddler in the water during your swim will minimize the risk of an Official Observer canceling your swim.



# CATALINA CHANNEL SWIMMING FEDERATION

## MEMBERSHIP FORM Relay and Solo Swimmers

Name: \_\_\_\_\_

*Enter your name as you would like it to appear on the official CCSF certificate*

**Membership is a requirement for solo swimmers and relay teammates.**

I am joining the CCSF as a:

Solo swimmer

Relay swimmer

Supporter (Guardian)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ and Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_ Sex: \_\_\_

E-mail address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### CCSF Membership Category:

Annual Membership:	\$ 25.00
Senior Citizen: (60 and over)	\$ 10.00
Life Time	\$ 250.00

I would be interested in Volunteering for the following:

- A. Paddling Escort
- B. Support Team
- C. Swim Observer

We encourage members to **subscribe to the CCSF Newsletter** to receive important information throughout the season not limited to the date of the annual awards banquet, training sessions for official observers, training opportunities for kayak support and announcements of successful crossings. Subscribe @ [www.SwimCatalina.org](http://www.SwimCatalina.org)

**Purchase Logo Swim Gear and Gifts at:**

[Cafepress.com/swimcatalina](http://Cafepress.com/swimcatalina)



## CATALINA CHANNEL SWIMMING FEDERATION WAIVER OF LIABILITY

I, \_\_\_\_\_, have voluntarily requested to enter and participate in an effort to swim the Catalina Channel. I understand the extreme dangers and risk of such an undertaking and am aware of the difficulty involved, even for the most conditioned athlete. I understand that I should not enter this event unless I am in excellent health and am fully trained and conditioned for this strenuous task.

I am also aware of the unusual weather conditions that may prevail in the Channel at any time of the year, including but not limited to: high, gale force winds; dense fog; great and swift seas; strong currents; pounding surf; treacherous rocks and reefs; and the constant presence of potentially dangerous marine creatures such as sharks and marine mammals.

I am aware that this Channel, also known as the San Pedro Channel, is a major maritime shipping channel, plied day and night with numerous commercial vessels of great speed, tonnage and size attending the Port of Long Beach and other destinations.

I AM AWARE THAT THESE ACTIVITIES AND MY PRESENCE AND ACTIVITY ON AND ABOUT THE WATERCRAFT AND IN THE ADJACENT WATER CONSTITUTES A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

*I verify this statement by placing my initials here:* \_\_\_\_\_

*If under 18, place Parent or Guardian's initials here:* \_\_\_\_\_

Nevertheless, with knowledge of these facts, and in consideration of acceptance of my entry, I intend to be legally bound for myself, my heirs, executors and administrators, hereby waive and forever discharge any and all rights and claims for damages that may accrue to me against the Catalina Channel Swimming Federation, the sponsors and directors of the event, the counties and municipalities involved, the individuals assisting with the event, or any person connected with this event, their representatives, successors and assignees (collectively, the "Releasees"), from all rights, claims, or liability for damage for any and all injuries to me or my property, arising out of, or in connection with: (i) my participation in this event, (ii) my access to and presence on and about the watercraft and in the adjacent water, (iii) the negligence or other acts, whether directly or indirectly connected to this activity and however caused by any Releasee, and/or (iv) the condition of the watercraft, the adjacent water and other areas where this activity may occur, whether or not I am then participating in such activity. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by this Waiver of Liability. I further agree that I will indemnify and hold the Releasees harmless against all claims, demands, and causes of action including court costs and attorney's fees, directly or indirectly arising from any action or proceeding brought by or prosecuted for my benefit.

This release extends to all claims of every kind and nature whatsoever, whether known or unknown.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CATALINA CHANNEL SWIMMING FEDERATION, AND SIGN IT OF MY OWN FREE WILL.

*If Signed by Parent or Guardian:* I verify that the dangers of the activities and the significance of this Waiver of Liability were explained to the Participant and that the Participant understood them.

Executed at (city, state, country) \_\_\_\_\_, 20\_\_

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PARTICIPANT and DATE

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WITNESS #1 and DATE

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WITNESS #2 and DATE

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PARENT'S NAME and SIGNATURE, IF PARTICIPANT IS UNDER 18



**MEDICAL CERTIFICATE**  
**SECTION A: MEDICAL Examination**  
**(Required only for individual / solo swimmers)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Age: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship of contact: \_\_\_\_\_

**Please have your doctor complete this entire medical certificate.**

The above named wishes to be examined as to his/her physical fitness to participate in an attempt to swim the Catalina Channel. You are kindly asked to bear in mind that it is a challenging physical undertaking.

1. Ears: R Drum \_\_\_\_\_ Canal \_\_\_\_\_ L Drum \_\_\_\_\_ Canal \_\_\_\_\_
2. Sinuses: Nose, throat \_\_\_\_\_ Chest \_\_\_\_\_
3. Cardiovascular system \_\_\_\_\_ Abdomen \_\_\_\_\_
4. Joints and Limbs (see note 1) \_\_\_\_\_
5. Height \_\_\_\_\_ Weight \_\_\_\_\_
6. Urine: Albumen \_\_\_\_\_ Sugar \_\_\_\_\_
7. Chest X-ray (see note 2) \_\_\_\_\_
8. Blood Pressure \_\_\_\_\_ Nervous System \_\_\_\_\_
9. EKG \_\_\_\_\_ (If over 50 or if any relevant abnormality is found on examination.)

**Have you ever had any of the following?**

- |  |                 |
|--|-----------------|
| 1. Ear trouble, deafness?  | <b>Yes / No</b> |
| 2. Sinus trouble?  | <b>Yes / No</b> |
| 3. Chest disease, including asthma, bronchitis, T.B. or collapsed lung?        | <b>Yes / No</b> |
| 4. Attacks of giddiness, blackouts or fainting?                                | <b>Yes / No</b> |
| 5. Fits or any nervous disorders including persistent headaches or concussion? | <b>Yes / No</b> |

6. Anxiety, "nerves", nervous breakdown? **Yes / No**  
7. Diseases of the heart and circulation, including high blood pressure? **Yes / No**  
8. Do you have diabetes or hypoglycemia? **Yes / No**

9. Do you regularly or frequently take any medication or other treatment with or without prescription? **Yes / No**

10. Are you currently receiving medical care, or have you consulted any doctor in the past year? **Yes / No**

11. Do you smoke? **Yes / No**

12. Have you ever had a eating disorder? **Yes / No**

13. Have you attended or been admitted to a hospital? **Yes / No**

14. Have you had a previous medical examination for the C.C.S.F. for which the result was not satisfactory? **Yes / No**

If the answer is yes to any of these questions, please give details.

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Medical doctor's remarks: \_\_\_\_\_

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After examination, I consider \_\_\_\_\_

to be (circle one) **fit / unfit** to attempt to swim the Catalina Channel.

Name of Medical Doctor: \_\_\_\_\_

(please print)

\_\_\_\_\_ Date \_\_\_\_\_

Signature of examining Medical Doctor

Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**Physician: Please Attach a Professional Business Card**



**MEDICAL CERTIFICATE**  
**SECTION B: Medical History**

**Notes:**

1. The Catalina Channel Swimming Federation welcomes and admires disabled swimmers; even severe physical handicaps, absent limbs, etc. do not rule out a Channel attempt.
2. A chest x-ray is not an essential requirement but is recommended if the person is over 40 years of age or if there is any previous history of chest disease.

I hereby declare that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my ability to swim the Catalina Channel.

I authorize my medical doctor to disclose any detail of my past or present medical history, if requested to do so, to the CCSF Review Board/ Treasurer of the CCSF. I also agree that relevant information about my health may be disclosed to those persons directly concerned with my attempt to swim the Catalina Channel.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Physical examination date \_\_\_\_\_

Witness #1 \_\_\_\_\_

Name: \_\_\_\_\_

Witness #2 \_\_\_\_\_

Name: \_\_\_\_\_





# Catalina Channel Swimming Federation NOTICE TO ATTEMPT

Name\* \_\_\_\_\_

*Enter your name as you would like it to appear on the official CCSF certificate, and list of successful swims*

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ and Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_ Sex: \_\_\_

E-mail address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Hotel/ Travel Residence \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List of medication for approval: \_\_\_\_\_

<b>Solo Swim Sanction Fee Received by May 1<sup>st</sup> is:</b>	<b>\$500.00</b>
<b>Solo Swim Sanction Fee Received After May 1<sup>st</sup> is:</b>	<b>\$750.00</b>
<b>For multiple crossings the additional sanction fee per leg is:</b>	<b>\$420.00</b>
<b>Swim Around Catalina Sanction Fee by May 1st is:</b>	<b>\$1,250.00</b>
<b>Swim Around Catalina Sanction Fee Received After May 1st is:</b>	<b>\$1,500.00</b>

**The CCSF sanction fee includes a non-refundable \$150 Processing Fee**

### **CONSULT YOUR CHARTER'S CONTRACT TO CONFIRM THE FOLLOWING DETAILS:**

**Navigator** and Name of Charter Vessel \_\_\_\_\_

**Will attempt:** Single Crossing \_\_\_ Double \_\_\_ Triple \_\_\_, or Around Catalina Island \_\_\_\_\_

**Date to Meet at the Docks/Port, and Scheduled Departure Time** \_\_\_\_\_

**Start Date & Scheduled Start Time of Relay Attempt** \_\_\_\_\_ AM or PM \_\_\_

**Will start attempt from Catalina** \_\_\_ or **Mainland** \_\_\_\_\_

Please return the NOTICE TO ATTEMPT at least 45 days prior to the start of your swim  
**INCOMPLETE APPLICATION WILL NOT BE PROCESSED**







## DOTTIE YORK

# Catalina Channel Swimming Federation SCHOLARSHIP APPLICATION

The Catalina Channel Swimming Federation (CCSF) established this scholarship to honor one of our founding members, Dottie York.

Dottie exhibited immense passion for marathon swimmers. She volunteered her time to the CCSF and energy to coaches and swimmers alike. She was a friend, a confidant, a second mother to many of us. You were always welcome in Dottie York's home.

From our first CCSF meeting in 1979, Dottie acted as Secretary. She communicated with each swim group, filed meeting minutes and offered substantial ideas in our formative years.

It was her basic nature to fill any and every role needed. She recruited paddlers and secured observers, coordinated on-board activity, and acted as a public relations representative. Dottie made sure the media was alerted to each swim to encourage the promotion of our sport.

This scholarship is awarded by the CCSF Board of Directors. It is Dottie York's legacy to support marathon swimmers by helping them financially to achieve their goals.

- **To be considered, your Scholarship Application must arrive with the CCSF Swim Application by the early-entry deadline of May 1.**
- Scholarship awards will be announced in the month of May.
- The scholarship will be awarded on a discretionary basis.
- The mission of this scholarship is to reward dedicated open water swimmers.
- This Scholarship opportunity is available only to U.S. Residents, who are unable to meet the financial obligations of a Catalina Channel attempt.
- Special circumstances may arise that fall outside typical application standards.

Please include at least **one letter of recommendation** from your swim coach or trainer.

Name:		
Address:		City:
State:	Zip:	Country:
Email:		
Phone:		Alternate Phone:
Date of Birth:		Age:
Coach Name:		Phone:
Coach Email:		

At what age did you begin swimming:

Team you currently swim for:

Swimming Accomplishments:

**Swimming Statement:**

Briefly state how you have benefited from the sport of swimming and what you believe your contributions are and will be to the sport:

Explain why you deserve this scholarship:

Please list your total swim expense.
Transportation / Hotel:
Pilot / boat:
Swim Fees:

I understand that any falsification of this information by me or any false information provided to the Federation will disqualify me from consideration for this award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Catalina Channel Swimming Federation will only consider Scholarship Applications that are submitted with the CCSF Swim Application by the early-entry deadline of May 1.

Scholarship awards will be announced in the month of May.