Mornington Twilight Swim 2027

Ability Consent Form

Event: 2027 Mornington Twilight Swim

Date: 22nd January 2027

Coach Declaration

I, _____ (Name of accredited coach)

Of _____ (swimming/surf club)

attest that _____ (Print name of swimmer)

Date of Birth: ____ / ____ / ____

Is below the minimum age reserved for these event(s) of the Mornington Twilight Swim, has undertaken sufficient training and competent to complete the distance safety within the event time limit for the following open water event(s):

- ☐ 600 m — Coach Initials: _____
- ☐ 1.2 km — 12+ yrs Coach Initials: _____
- ☐ 2.5 km — 16+ yrs Coach Initials: _____

Coach Signature: _____ Date: ___ / ___ / 2027

Parent / Guardian Consent (for swimmers under 18 years)

I, _____ (Parent/Guardian name)

consent to my child's participation in the Mornington Twilight Swim and confirm that the above information is correct.

Signature: _____ Date: ___ / ___ / 2027

Sign and return to twilightswim@morningtonlsc.com.au