

**Catalina Channel Swimming Federation**  
**info@swimcatalina.org**  
**fax: 866-910-3285**

Dear Swimming Enthusiast:

Thank you for your inquiry regarding the **Catalina Channel Swimming Federation**. The purposes of the Federation are:

1. To promote interest in Catalina Channel Swimming.
2. To furnish information to and advise those intending to make the swim.
3. To promote the safety and welfare of the swimmer.
4. To observe and authenticate persons who swim the Catalina Channel.
5. To gather and preserve the historical Catalina Channel Swimming data.

The Catalina Channel (chart named the San Pedro Channel) is approximately 20.14 miles (or 17.51 nautical miles) wide at its narrowest point. The Channel separates the Island of Catalina from Point Vincente on the California coast.

The best time of the year to attempt a swim is from June through October, when the water temperature ranges from 65 to 70 F. Within three miles of Point Vincente the water temperature drops several degrees due to the upwilling current off the continental shelf.

With varying weather conditions, tide, water temperature and the speed of the swimmer, the time of the crossing varies considerably. The fastest time is less than 8 hours; the slowest is over 33 hours. Membership in the Federation consist of the following categories: Annual Member \$25.00, Senior Member \$10.00, and Lifetime Membership \$250.00. Annual dues are to be paid by March 31 each year. A Senior Citizen Member is someone who is 60 or older during the calendar year.

We shall give information to any interested swimmer to assist them in completing their due diligences and make their best decision on whether or not to attempt to swim the Catalina Channel. We will provide lists of coaches, pilots, etc. they may contact to gain additional assistance and information regarding the safety of the swim.

The federation holds a yearly awards banquet and keeps the membership advised as to its developments. Each successful swimmer will receive a certificate and medallion at the yearly dinner. If you cannot attend the Annual Banquet and would like to have your Certificate and CCSF Award Medal mailed to you, please send your request to Carol Sing; 11487 Oralane Drive, El Canjon, CA 92020.

If you are interested in becoming a member and/or making the Catalina swim, fill out the enclosed form and fax it to the number above. If you have any questions or would like further information, please feel free to email us at the address posted on the previous page.

**CATALINA CHANNEL SWIMMING FEDERATION  
MEMBERSHIP FORM**

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

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

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

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

Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

I would like to receive Emails regarding CCSF Events and Volunteer Opportunities

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

USA Swimming or USMS # (Must send photocopy of card) \_\_\_\_\_

Membership Category:

|                                  |          |
|----------------------------------|----------|
| Regular Membership:              | \$ 25.00 |
| Senior Citizen Member: (over 60) | \$ 10.00 |
| LifeTime                         | \$250.00 |

I would be interested in Volunteering for the following:

- A. Annual Banquet Assistant
- B. Publicity Committee
- C. Newsletter Committee
- D. Paddler and Support Team
- G. Swim Observer

Welcome to the Catalina Channel Swimming Federation!

**Purchase Logo Swim Gear and Gifts at:**  
<http://www.cafepress.com/swimcatalina>

**CATALINA CHANNEL SWIMMING FEDERATION  
NOTICE TO ATTEMPT SWIM OF CATALINA CHANNEL**

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

Address \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Sex \_\_\_\_\_

Phone \_\_\_\_\_

Swimming Background: Attach a one page summary of attempted swims, completed swims, your times with date and year.

Hotel \_\_\_\_\_ Phone \_\_\_\_\_

Navigator\* \_\_\_\_\_

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

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

Will attempt: Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_

\*\*Relay \_\_\_\_\_ Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_

Date & Time of crossing \_\_\_\_\_ AM/PM \_\_\_\_\_

Direction of Crossing \_\_\_\_\_

USA Swimming or USMS # \_\_\_\_\_ (Must include)

**Solo Swim Sanction Fee Received Prior to May 1<sup>st</sup> is: \$500.00**

**Solo Swim Sanction Fee Received After May 1<sup>st</sup> is: \$750.00**

**Relay Sanction Fee Received Prior to May 1<sup>st</sup> is: \$600.00**

**Relay Sanction Fee Received After May 1<sup>st</sup> is: \$750.00**

**All swims and relay fee include a non-refundable \$150 Processing Fee.**

**Fax all forms to: Catalina Channel Swimming Federation: 866-910-3285**

**For an address to send fees to, send email to [info@swimcatalina.org](mailto:info@swimcatalina.org)**

**\* Must be a member of Catalina Channel Swimming Federation.**

**\*\* Fill in one form for each relay swimmer.**

**Please return the notice to attempt with the rest of the proper paperwork at least 45 days prior to the start of your swim.**

**CATALINA CHANNEL SWIMMING FEDERATION  
WAIVER OF LIABILITY**

I, \_\_\_\_\_, wish 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: 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.

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.

Nevertheless, with knowledge of these facts, and in consideration of acceptance of my entry, I, \_\_\_\_\_, intending to be legally bound for myself, 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, 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, my participation in this event. I further agree that I will indemnify and hold harmless the above named parties 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.

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PARTICIPANT DATE

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WITNESS #1 DATE

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WITNESS #2 DATE

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PARENTS NAME AND SIGNATURE IF UNDER 21

**WAIVER OF LIABILITY FOR PARTICIPATION IN A  
CATALINA CHANNEL SWIMMING FEDERATION SWIM  
AS A UNITED STATES MASTERS SWIMMING EVENT**

**USMS LIABILITY RELEASE:** “ I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC.,THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.”

**Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks.**

- Name:\_\_\_\_\_
- Signed:\_\_\_\_\_
- Date:\_\_\_\_\_
- Witness #1 Name:\_\_\_\_\_
- Witness #2 Name:\_\_\_\_\_
- Signed:\_\_\_\_\_
- Date:\_\_\_\_\_

# MEDICAL CERTIFICATE

## SECTION A: MEDICAL HISTORY (INDIVIDUAL SWIMS ONLY)

Please have the Medical Doctor complete this form.

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

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

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

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

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 2) \_\_\_\_\_

5. Height \_\_\_\_\_ Weight \_\_\_\_\_

6. Urine: Albumen \_\_\_\_\_ Sugar \_\_\_\_\_

7. Chest X-ray (see note 1) \_\_\_\_\_

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? **Yes / No**

2. Sinus trouble? **Yes / No**

3. Chest disease, including asthma, bronchitis. T.B. or collapsed lung? **Yes / No**

4. Attacks of giddiness, blackouts or fainting? **Yes / No**

5. Fits or any nervous disorders including persistent headaches or concussion?  
**Yes / No**

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 an 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 **fit / unfit** to attempt to swim the Catalina Channel.

Name of Medical Doctor:

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(please print )

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

Signature of examining Medical Doctor

Address \_\_\_\_\_

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

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

**SECTION A: MEDICAL HISTORY – Part II**

**Notes:**

1. A chest x-ray is not an essential requirement but is recommended if the person is over 40 year of age or if there is any previous history of chest disease.

2. The Catalina Channel Swimming Federation welcomes and admires disabled swimmers; even severe physical handicaps, absent limbs, etc. do not rule out a Channel attempt.

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 C.C.S.F. 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 \_\_\_\_\_

Examining physical date \_\_\_\_\_

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

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

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

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

## CCSF Application Checklist

The following items must be submitted 45 days before your crossing whether an individual or relay swim. Each form must be filled out completely.

Fax all forms to: 866-910-3285

For an address to send fees to, send email to CarolSing@sbcglobal.net

### Date sent

1. Membership form and dues current \_\_\_\_\_
2. Notice to Attempt \_\_\_\_\_  
(Please fill in date, time and direction of swim)
3. Medical Form (Individual Swim only) \_\_\_\_\_
4. Waiver of Liability \_\_\_\_\_  
(Please have a witnesses sign)
5. USMS Waiver of Liability (USMS only) \_\_\_\_\_
6. Copy of current USA Swimming or USMS card \_\_\_\_\_
7. All fees for crossing \_\_\_\_\_

**Please make sure that all forms are complete.**

**Thank you for your prompt attention to these requirements.**

CCSF will no longer provide kayakers for swimmers starting in 2009. They're strongly encouraged for the safety of the swimmer. Our support leader can provide contact information for experienced kayakers in the region.

***Kayakers*** are not required however they are highly recommended. Having a kayaker in the water during your swim will **minimize the risk of an Official Observer canceling your swim.**

**CATALINA CHANNEL SWIMMING FEDERATION  
NOTICE TO ATTEMPT A RELAY SWIM OF CATALINA CHANNEL**

Contact's name \_\_\_\_\_

Contact's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Name of Relay(s)

a. \_\_\_\_\_ b. \_\_\_\_\_

Members of relay and USA Swimming or USMS #\*

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 6. \_\_\_\_\_

Navigator\* \_\_\_\_\_

Date, direction and time of swim \_\_\_\_\_

Will attempt: Single \_\_\_\_\_ Double \_\_\_\_\_ Triple \_\_\_\_\_

Enclosed is the sanction fee for each 6 person relay.

- Applications received prior to May 1<sup>st</sup> - \$600.00
- Applications received after May 1<sup>st</sup> - \$750.00

Fax all forms to: Catalina Channel Swimming Federation: 866-910-3285

For an address to send fees to, send email to CarolSing@sbcglobal.net

\* Must be a member of Catalina Channel Swimming Federation.

**All papers, copy of USA Swimming or USMS card and fees  
must be submitted 45 days before the swim.**



**CCSF-- Observers Questionnaire**  
**Plan your Swim - Swim your Plan**

**Name of Swimmer:** \_\_\_\_\_

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

| Names of Support Crew: | Capacity of Support:<br>coach / kayaker / other | Support on<br>how many of<br>your swims? | Experienced<br>with night<br>swims? | Practiced<br>Feedings<br>prior to<br>Swim |
|------------------------|---|--|-------------------------------------|---|
|                        |   | # _____                                  | (yes / no )                         | (yes / no)                                |
| 1 _____                |   |  |                                     |   |
| 2 _____                |   |  |                                     |   |
| 3 _____                |   |  |                                     |   |
| 4 _____                |   |  |                                     |   |
| 5 _____                |   |  |                                     |   |
| 6 _____                |   |  |                                     |   |

**Schedule of Feedings:**

**Initial Plan:**

Frequency: - circle one  
 15 min / 30 min / 45 min

| Feeding Product | Dispensing Plan |
|-----------------|-----------------|
|                 |                 |

**Backup Plan:**

Frequency: - circle one  
 15 min / 30 min / 45 min

| Feeding Product | Dispensing Plan |
|-----------------|-----------------|
|                 |                 |

**Intention to Void during Swim:**

Based on Feeding Plan Above

Frequency: - circle one  
 1 hour / 1:30 hours / 2 hours

| I have practice this skill<br>(yes / no ) | I occasionally have difficulty with this skill<br>(yes / no) |
|---|--|
|   |  |

**Breathing Habits:**

I typically breath from the:  
 right side: \_\_\_\_\_  
 left side: \_\_\_\_\_  
 both sides: \_\_\_\_\_

**Expected Stroke Count per Minute:**

|  |
|--|
|  |
|--|

**Interaction with Observer:**

Your Observer may be asking question of either the swimmer or the kayaker during the course of the swim. The Observer must have good visibility of the swimmer and be able to verbally communicate with those in the water.

For safety reason, the swimmer should maintain a distance  
 that is more than 10 yards from the boat  
 but less than 20 yards from the boat

