LEICESTERSHIRE & RUTLAND
Amateur Swimming Association

HIGHER EDUCATION VIDEO REQUEST FORM

This form is to be used to request permission for a swimmer to be videoed by a Club Team Manager or Club Coach during the 2026 LASA Age Groups and County Championships. The submission of this form does not mean that permission is automatically granted. You will receive an email confirming acceptance or refusal.

The form **MUST** be accompanied **by a letter/email** from the swimmers 's **Teacher,** showing the name of the School e.g. Header notepaper or formal email footer showing school logo, detailing the name of the swimmer, the reason for the request and the stoke(s) to be videoed.

The form **MUST** be with the Promoter by **17th January 2026** for **ALL three weekends** of the competition. Late entries will NOT be accepted

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Swimmer's Name: .....

Swimmer's SE NO: ..... Swimmer's Club: .....

Swimmer's School: ....

EVENTS TO BE VIDEOED:
A maximum of 4 events may be requested.

Session No.: ..... Event No. ..... Distance:..... Stroke:.....

Session No.: ..... Event No. ..... Distance:..... Stroke:.....

Session No.: ..... Event No. ..... Distance:..... Stroke:.....

Session No.: ..... Event No. ..... Distance:..... Stroke:.....

NOTE: Videoing of a final, if achieved in an event requested, is included.

CLUB AGREEMENT
The Club have agreed for a Coach or Team Manager to undertake the videoing of the above-named swimmer in the events requested.

Name: ..... Position in the Club: .....

Signed: .....

PARENTAL/GUARDIAN AGREEMENT

☐ I attach the evidence from the school.

Name: .....

Signed: .....

Email this form and attachment to promoter@leicestershireasa.org by 17th January 2026

13 November 2025