

SWIMMING

ATHLETE FORM

INSTRUCTIONS

- 1 Enter the last name, first name, date of birth, and gender of all registered athletes. For non-binary athletes, please leave gender unchecked.
- 2 Enter the appropriate event code(s) for each athlete, followed by their time for the event in minutes, seconds, and tenths.
- 3 Athletes may enter two individual events, plus one relay. (RELAYS ARE ENTERED ON SEPARATE TEAM RELAY FORM)
- 4 If, offered, lower skilled athletes cannot cross entry between assisted and unassisted events, with the exception of 25M and 50M events.
- 5 Training clubs must bring their own flotation devices for their athletes.

TEAM NAME

REGION

ACTIVE ATHLETES			DATE OF BIRTH	GENDER		EVENT CODE	TIME		EVENT CODE	TIME	
#	LAST NAME	FIRST NAME	MONTH/DAY/YEAR	M	F	#1	MINUTE(S)	SECONDS	#2	MINUTE(S)	SECONDS
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											



EVENT CODE	
25Y Backstroke	SW25BK
25Y Breaststroke	SW25BS
25Y Butterfly	SW25BF
25Y Freestyle	SW25MF
50Y Backstroke	SW50BK
50Y Breaststroke	SW50BS
50Y Butterfly	SW50BF
50Y Freestyle	SW50MF
100Y Backstroke	SW100BK
100Y Breaststroke	SW100BS
100Y Butterfly	SW100BF
100Y Freestyle	SW100MF
100Y Individual Medley	SW100IM
200Y Backstroke	SW200BK
200Y Breaststroke	SW200BS
200Y Butterfly	SW200BF
200Y Freestyle	SW200MF
200Y Individual Medley	SW200IM
400Y Individual Medley	SW400IM
500Y Freestyle	SW500MF

**Special
Olympics**
New York



SWIMMING

COACH FORM

INSTRUCTIONS

1. All coaches within your quota must be certified.
2. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, etc.
3. Alternate coaches are to replace coaches unable to attend games.



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TEAM NAME		REGION	
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ACTIVE COACHES			Date of Birth (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

1:1 Chaperones (must be Class A Certified)			Date of Birth (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			Date of Birth (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

If a registered coach or volunteer identifies as non-binary, please leave the gender box unchecked.