

SWIMMING

RELAY FORM

INSTRUCTIONS

1. Enter the last name, first name, date of birth, sex for each athlete on team.
2. Enter the appropriate event code for each relay.
3. Enter the time for each team in minutes & seconds.
4. Enter the position of each athlete on each relay team by indicating 1,2,3,or 4.
5. If you are registering more than one relay team, please indicate team name with the designation of A,B,C, or D.

EVENT CODE

4x25 Free Relay	SW4x25MF
4x25 Medley Relay	SW4x25MR
4x50 Free Relay	SW4x50MF
4x50 Medley Relay	SW4x50MR

TEAM NAME

REGION

ATHLETES NAMES		Date of Birth (Month/Day/Year)	GENDER		EVENT CODE	TIME		POSITION 1, 2, 3, 4	Team (A,B,C,D)
#	Last Name		First Name	M		F	MINUTE(S)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									



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.



**Special
Olympics**
New York



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							