

# SWIMMING

## RELAY FORM

### INSTRUCTIONS

1. Enter the last name, first name, date of birth, gender for each athlete on team. Non-binary, leave gender blank.
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

<b>4x25 Free Relay</b>	SW4x25MF
<b>4x25 Medley Relay</b>	SW4x25MR
<b>4x50 Free Relay</b>	SW4x50MF
<b>4x50 Medley Relay</b>	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)	SECONDS		
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							

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