

SWIMMING

ATHLETE FORM

INSTRUCTIONS

- 1 Enter the last name, first name, date of birth, and sex of all athletes that are being registered
- 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 Lower skilled athletes cannot cross entry between assisted and unassisted events, with exception of the 25M events and the 50M events.
- 5 Training clubs must bring their own flotation devices for their athletes

TEAM NAME

REGION

ACTIVE ATHLETES			DATE OF BIRTH	SEX		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	
10M Assisted	AQ10AS
15M Assisted	AQ15MA
15M Unassisted	AQ15US
25M Freestyle	AQ25MF
25M Breaststroke	AQ25BS
25M Backstroke	AQ25BK
25M Butterfly	AQ25BF
50M Freestyle	AQ50MF
50M Breaststroke	AQ50BS
50M Backstroke	AQ50BK
50M Butterfly	AQ50BF
100M Freestyle	AQ100MF
100M Breaststroke	AQ100BS
100M Backstroke	AQ100BK
100M Butterfly	AQ100BF
100M Individual Medley	AQ100IM
200M Freestyle	AQ200MF
200M Breaststroke	AQ200BS
200M Butterfly	AQ200BF
200M Individual Medley	AQ200IM
400M Freestyle	AQ400MF
400M Individual Medley	AQ400IM

**Special
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New York



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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)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

Agency Staff, One-on-One, Etc.			Date of Birth (Month/Date/Year)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

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