## **SWIMMING REGISTRATION FORM**

## INSTRUCTIONS:

- 1. Athletes must have a valid medical & consent form on file with the regional office and present at registration.
- 2. Enter the appropriate event code for each athlete, followed by their qualifying time.
- 2. Enter all relay athletes in the section at the right and use letters 'A, B, C and D to differentiate teams.
- 3. Athletes may enter two fundemental events or two individual events, plus one relay.
- 4. Athletes may register for fundemental events or individual events, but not both.
- 5. Athletes are responsible for their own flotation equipment.
- 6. All coaches and support staff in attendance must be registered and maintain a valid certification status.

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	TRAINING CLUB:	
	HEAD COACH:	
	EMAIL:	
	PHONE:	

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EVENTS:	CODE:	EVENTS:	CODE:
15M Flotation	15MFL	50M Breaststroke	50MBS
15M Kickboard	15MKB	50M Butterfly	50MBF
10M Assisted	10MA	100M Freestyle	1CMF
15M Unassisted	15MUA	100M Backstroke	1CBK
25M Flotation	25MFL	100M Breastroke	1CBS
25M Freestyle	25.45	100M Butterfly	1CBF
25M Backstroke	25MF	100M Ind. Medley	1CIM
25MBreaststroke	25BK 25BS	200M Freestyle	2CMF
25M Butterfly	25B5 25BF	4x25M Free Relay	1CFR
50M Freestyle	50MF	4x50M Free Relay	2CFR
50M Backstroke	JOIVIE	4x25M Medley Relay	1CMR

ATHLETES INFORMATION					EVENT			EVENT			RELAY				TEAM
		DOB	Gender	W/C?	CODE	TIT	ME	CODE	TII	ME	CODE		TII	ME	NAME
Last	First	MM/DD/YY	M OR F	Y OR N	#1	MIN	SEC	#2	MIN	SEC	#1	JR/SR	MIN	SEC	A, B, etc.

COACH & SUPPORT STAFF IN	DOB	GENDER		PHONE:			
Last	First	MM/DD/YY	M OR F	EMAIL	(XXX) XXX-XXXX		