

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	
10Y Assisted	AQ10AS
15Y Assisted	AQ15MA
15Y Unassisted	AQ15US
25Y Freestyle	AQ25MF
25Y Breaststroke	AQ25BS
25Y Backstroke	AQ25BK
25Y Butterfly	AQ25BF
50Y Freestyle	AQ50MF
50Y Breaststroke	AQ50BS
50Y Backstroke	AQ50BK
50Y Butterfly	AQ50BF
100Y Freestyle	AQ100MF
100Y Breaststroke	AQ100BS
100Y Backstroke	AQ100BK
100Y Butterfly	AQ100BF
100Y Individual Medley	AQ100IM
200Y Freestyle	AQ200MF
200Y Breaststroke	AQ200BS
200Y Backstroke	AQ200BK
200Y Butterfly	AQ200BF
200Y Individual Medley	AQ200IM
500Y Freestyle	AQ500MF
400Y Individual Medley	AQ400IM

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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							