

2019 SOPA - Area M Games Adult Swimming Athlete Registration Form

Group Home:
 (If applicable)

Contact Name:

Contact Phone: Email:

Training Site / Coach:

Athlete Information

Last Name: First Name:

Address:

City: State: Zip:

Phone:

Date of Birth: / /

Gender: Male Female

Adult Shirt Size: Small Medium Large XL 2XL 3X 4X

Date of Medical Signature: / / Required

Medical Conditions:

Hearing Impaired Heart

Athlete requires a buddy who signs Down Syndrome

Visually Impaired Diabetes

Epilepsy / Seizures Daily Medications

Other (specify): _____

Events (choose up to 3 events):

	Qualifying Times <i>Minutes : Seconds: Tenths</i>		Qualifying Times <i>Minutes : Seconds: Tenths</i>
<input type="checkbox"/> 25 Yd Freestyle	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> 25 Yd Breaststroke	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 50 Yd Freestyle	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> 50 Yd Breaststroke	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 100 Yd Freestyle	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> 100 Yd Breast.	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 200 Yd Freestyle	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> 25 Yd Butterfly	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 400 Yd Freestyle	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> 50Yd Butterfly	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 100 Yd IM	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> 100 Yd Butterfly	<input type="text"/> : <input type="text"/> : <input type="text"/>
<input type="checkbox"/> 25 Yd Backstroke	<input type="text"/> : <input type="text"/> : <input type="text"/>		
<input type="checkbox"/> 50 Yd Backstroke	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="checkbox"/> Developmental Swimmer (list events):	
<input type="checkbox"/> 100 Yd Backstroke	<input type="text"/> : <input type="text"/> : <input type="text"/>		