

# 2020 SOPA Area M Games Swimming Athlete Registration Form

Group Home / School:   
(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

Check if Applicable:  Hearing Impaired  Visually Impaired  
 Athlete requires a buddy who signs  Epilepsy / Seizures  
 Other (specify):

## Events (choose up to 3 events):

	Qualifying Times Minutes : Seconds: Tenths		Qualifying Times Minutes : Seconds: Tenths
<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"/> Developmental Swimmer (list events):	
<input type="checkbox"/> 50 Yd Backstroke	<input type="text"/> : <input type="text"/> : <input type="text"/>		
<input type="checkbox"/> 100 Yd Backstroke	<input type="text"/> : <input type="text"/> : <input type="text"/>		