

2021 SUMMER GAMES SEASON OVERVIEW - SWIMMING

DISTRICT COMPETITION REGISTRATION FORM

OFFICIAL EVENTS OFFERED:

1. SWIMMING

<i>Event Code</i>	<i>Event Description</i>		
SW15AS	15m Assisted Swim (District only, non-advancing)	SW200MF	200m Freestyle
SW15KB	15m Kickboarding (non-advancing)	SW25BS	25m Breaststroke
SW15US	15m Unassisted Swim (non-advancing)	SW50BS	50m Breaststroke
SW25MF	25m Freestyle	SW25BK	25m Backstroke
SW50MF	50m Freestyle	SW50BK	50m Backstroke
SW100MF	100m Freestyle	SW100BK	100m Backstroke
		SW25BF	25m Butterfly
		SW50BF	50m Butterfly

ELIGIBILITY FOR SWIMMING SEASON COMPETITION

1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 15, 2021** to remain valid through **the date of the Regional/District Tournament you are attending**.
2. To be eligible to advance to the State Summer Games, an athlete's Application for Participation must remain valid through **June 30, 2021**.
3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
4. State Summer Games agency quota will be based on the number of participating athletes, and advancement will be conducted according to Article I of the General Rules (see General Competition Policies).
5. An athlete in swimming may compete in a **maximum** of three individual events as long as he or she has successfully qualified for each event.
9. SOWI will issue to each Agency a quota for State Summer Games athletics and swimming participation separately, based on the current year's Regional involvement. Every Agency must follow the advancement policies described in the General Information section of the Competition Guide to determine which athletes advance.

PLEASE READ FORMS CAREFULLY!

2021 DISTRICT SWIMMING REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: (_____) H: (_____) Fax: (_____)

***Address: _____
(City) (State) (Zip)

E-mail: _____ Cell phone contact number while at the Tournament: (_____)

Additional email you would like games information sent to: _____

RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers (check).

Number of coaches and chaperones that will attend the Regional tournament: _____ **Reminder:** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying athletes to the State tournament? Yes No

**Registration information for this district event will be sent to the person listed as head coach.

***All awards will be mailed to this address after the competition for coaches to distribute to your athletes.

These times were taken in a pool with length measured in (check one) Meters Yards

Place a check [] next to the athletes who start in the water.

*Use best performance for the qualifying time

MAXIMUM: 3 INDIVIDUAL EVENTS		IN-WATER START	1 ST EVENT	*QUALIFYING TIME	2 ND EVENT	*QUALIFYING TIME	3 RD EVENT	*QUALIFYING TIME
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
<input checked="" type="checkbox"/>	Example, John	<input checked="" type="checkbox"/>	SW100MF	0:49.3	SW200MF	2:15.2	SW100BK	1:21.7

(OVER)

Place a check [✓] next to the athletes who start in the water.

*Use best performance for the qualifying time

MAXIMUM: 3 INDIVIDUAL EVENTS		IN-WATER START ✓	1 ST EVENT	*QUALIFYING TIME	2 ND EVENT	*QUALIFYING TIME	3 RD EVENT	*QUALIFYING TIME
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
1		<input type="checkbox"/>						
2		<input type="checkbox"/>						
3		<input type="checkbox"/>						
4		<input type="checkbox"/>						
5		<input type="checkbox"/>						
6		<input type="checkbox"/>						
7		<input type="checkbox"/>						
8		<input type="checkbox"/>						
9		<input type="checkbox"/>						
10		<input type="checkbox"/>						
11		<input type="checkbox"/>						
12		<input type="checkbox"/>						
13		<input type="checkbox"/>						
14		<input type="checkbox"/>						
15		<input type="checkbox"/>						
16		<input type="checkbox"/>						
17		<input type="checkbox"/>						
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22		<input type="checkbox"/>						
23		<input type="checkbox"/>						
24		<input type="checkbox"/>						
25		<input type="checkbox"/>						
26		<input type="checkbox"/>						
27		<input type="checkbox"/>						