

2012 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

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

Fax: (_____) _____ E-mail: _____

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

RETURN THIS FORM TO THE 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 district tournament? _____

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

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

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.

MAXIMUM: TWO INDIVIDUAL & TWO RELAY EVENTS		WATER START √	FIRST EVENT *QUALIFYING TIME/DISTANCE		SECOND EVENT *QUALIFYING TIME/DISTANCE		EVENT CODES	
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)		EVENT CODE	MIN: SEC. 1/10 M CM	EVENT CODE	MIN: SEC. 1/10 M CM	1 ST RELAY	2 ND RELAY
1.		<input type="checkbox"/>						
2.		<input type="checkbox"/>						
3.		<input type="checkbox"/>						
4.		<input type="checkbox"/>						

(OVER)

MAXIMUM: TWO INDIVIDUAL & TWO RELAY EVENTS			FIRST EVENT *QUALIFYING TIME/DISTANCE		SECOND EVENT *QUALIFYING TIME/DISTANCE		EVENT CODES	
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)	WATER START √ <input type="checkbox"/>	EVENT CODE	MIN: SEC. 1/10 M CM	EVENT CODE	MIN: SEC. 1/10 M CM	1ST RELAY	2ND RELAY
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"/>						

NOTES:

Fill in relay times and team names on the relay registration form.

*Use best performance for the qualifying score.

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

Other events can be offered only at the district level; check with the host Regional office for details.

2012 DISTRICT AQUATICS REGISTRATIONS
RELAY TEAMS

Please Print Clearly:

Agency Number: _____ Agency Name: _____

RETURN THIS FORM ALONG WITH YOUR ATHLETE ROSTER TO THE HOST REGIONAL OFFICE!

Important: *Each relay can have up to six athletes entered per relay team. Any four of the six may swim at the district event. Only those (maximum) same six names can appear on the entry for the State Summer Games.*

An athlete may not switch teams or relay events for any reason.

*Each team must have a unique name up to 15 characters long. Names will be used at all competitions.

Event Code: _____ **Event Name:** _____

***Team Name:** | | | | | | | | | | | | | | | | |

****Athlete Names (Last Name, First)**

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____
- 6: _____

*****Qualifying Time:** _____ : _____ : _____
Min. Sec. Tenths

**These names must also appear on the athlete roster.

***Use best performance time