NEW ENGLAND SWIMMING DISABLED SWIMMER FORM

INFORMATION FORM FOR ADAPTED SWIMMING (for club practice and meet entry purposes)

NAME ________________________________________________________________

TEAM NAME: __________________________________________________________________

USA SWIMMING ID# _________________________________________________________

AGE & BIRTHDATE _____ _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/

EVENTS TO BE SWAM _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/

TYPE OF DISABILITY: BLIND _____ MENTALLY RETARDED _____ DEAF _____ PHYSICAL _____

OTHER ________________________________________________________________

EXTENT OF DISABILITY: Be specific e.g. totally or partially blind totally or partially deaf, loss of one or more limbs, multiple disabilities, etc.

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_____________________________________________________________________________________

_____________________________________________________________________________________

THE FOLLOWING PERSON (S) WILL ACCOMPANY THE SWIMMER FOR ANY NEEDED ASSISTANCE

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_____________________________________________________________________________________

_____________________________________________________________________________________

TYPE OF MEDICATION ____________________________________________________________

PURPOSE OF MEDICATION _________________________________________________________

PARENT'S OR GUARDIAN'S NAME ________________________________________________

PARENT'S OR GUARDIAN'S SIGNATURE ____________________________________________

SIGNATURE _______________________________________________________________________

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PHYSICIAN'S NAME (PLEASE PRINT) ____________________________________________

PHYSICIAN'S ADDRESS _________________________________________________________

PHYSICIAN'S PHONE NUMBER __________________________________________________

I have examined the above Entrant and, in my opinion, there is no mental or physical reason why he/she should not participate in United States Swimming Competition.

_____________________________________________________________________________

Physician's signature Date