



Utah Swimming, Inc.

INFORMATION FORM FOR SWIMMERS WITH A DISABILITY

This non-mandatory form is for accommodation purposes.

Name \_\_\_\_\_

Address \_\_\_\_\_

Team \_\_\_\_\_ USA Registration # \_\_\_\_\_

Age and DOB \_\_\_\_\_

Events to be swum \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Type of Disability Blind\_\_\_ Cognitive/Intellectual\_\_\_ 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.

\_\_\_\_\_

The following person(s) will accompany the swimmer for any needed assistance:

\_\_\_\_\_

Accommodations requested, Examples: Lane #, inside lane, assistance to the blocks, water start, hand signals, etc.

\_\_\_\_\_

Information gathered on this form will only be used for swimmers accommodation during Meet, and forwarded to the Utah LSC Adaptive chair for purposes of evaluation and tracking Swimmers attendance and performance. The Adaptive Chair welcomes any feedback and/or comments concerning your Meet experience.

\_\_\_\_\_

Please send the completed form to the meet director at least two days prior to the meet.