

KENTUCKY Swimming Swimmers with Disabilities Meet Entry Summary Sheet

Name: _____ DOB: _____ Male Female

Address: _____ Swimming #: _____

City: _____ State: _____ ZIP: _____

Age on 1st day of meet: _____

Swimmer/Parent E-mail Address: _____

Club: _____ Club Coach: _____ Phone: _____

Parent/Guardian's Name: _____

Phone: Day: _____ Evening: _____ Cell: _____

Emergency Contact: Name: _____ Phone: _____

Specify type of course: SCY ____ LCM ____ SCM ____

#	<u>EVENT</u>	<u>ENTRYTIME</u>	Accommodation Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate the swimmer's requested accommodation (lane, event of different distance, etc.) for each event. Please note that changing age groups may change the session that the swimmer swims. Changing the distance may affect the date on which the swim occurs. Take these factors into consideration when selection the seeding procedure for each event listed below. The Meet Referee has the final decision regarding seeding procedures.

I certify that the above listed times are correct.

Signed: _____ Date: _____

Club Coach (REQUIRED SIGNATURE)