



Aquatics Registration Form

Competition: _____
Local Program Name: _____
Local Program Coordinator: _____
Sport: _____ Aquatics

List of Coaches

Last Name	First Name	Type	Cell Phone	Email Address
		Head Coach		
		Asst Coach		
		Asst Coach		
		Asst Coach		

(Required)
 (Optional)
 (Optional)
 (Optional)

***Times are recorded as 00:00.0**

Add 'X' if Unified

**** Note: Please submit Class A Volunteer forms with your registration for any new Coaches/Unified Partners or Coaches/Unified Partners with expired forms. Please submit Medical Forms with your registration for any new athletes or athletes with expired forms**

List of Athletes and Unified Partners

Please Note: Pool Measurements are in YARDS not Meters, convert times accordingly.

	X	First Name	Last Name	DOB	M/F	Event Code	Time	Event Code	Time	Event Code	Time	Event Code	Time	Diving?	Level	Notes:
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NOTES: _____