

2015 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: (____) _____ H: (____) _____ Fax: (____) _____

Address: _____

E-mail: _____ (City) (State) (Zip)
Cell phone contact number while at the Tournament: (____) _____

RETURN THIS FORM TO YOUR 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 Regional 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

NOTES:

*Use best performance for the qualifying time.

**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.

Place a check [☒] next to the athletes who start in the water.

<div>MAXIMUM: FOUR EVENTS</div> <div>• 2 INDIVIDUAL & 2 RELAY</div>		IN- WATER START ✓	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1ST RELAY	*QUALIFYING TIME	2ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)							RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
	Example, John	✓	AQ100MF	0:49.3	AQ200MF	1:25.1	AT4X1CMF	3:45.2	AQ4X25MR	2:20.3
							R1. Wave Runners		R2. Dolphins	

(OVER)

Place a check [✓] next to the athletes who start in the water.

*Use best performance for the qualifying time

MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY		IN- WATER START ✓	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1ST RELAY	*QUALIFYING TIME	2ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)						RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1										
							R1.		R2.	
2										
							R1.		R2.	
3										
							R1.		R2.	
4										
							R1.		R2.	
5										
							R1.		R2.	
6										
							R1.		R2.	
7										
							R1.		R2.	
8										
							R1.		R2.	
9										
							R1.		R2.	
10										
							R1.		R2.	