

Special Olympics North Carolina

2016-2017 Aquatics Invitational Individual Registration Form



Location: _____ Date of Event: _____

Local Program: _____ # Athletes: _____ # Coaches: _____

Head Coach: _____ Email: _____

(or primary contact)

Primary Phone: _____ Secondary Phone: _____

(mobile phone preferred - where you can be reached on event date)

Please choose the appropriate event from the drop down menu and indicate the time. Example of time: 1:09.34 which means 1 minute, 9 seconds & 34 hundredths of a second. Athletes may select events from "Level 1" OR "Level 2" OR "Level 3", but must stay within their level. The Maximum Effort rule will apply this year, so please make sure times are accurate. Please see the SOI Aquatics Rules and SONC Rules Modifications for guidelines on the Maximum Effort rule.

Level 1	Level 2	Level 3	Level 3 (cont'd)
10m Assisted Swim *	25y Backstroke	50y Backstroke	200y Backstroke
15m Walk *	25y Breaststroke	50y Breaststroke	200y Breaststroke
15m Unassisted Swim	25y Butterfly	50y Butterfly	200y Freestyle
25y Backstroke	25y Freestyle	50y Freestyle	200y Individual Medley
25y Flotation Race	50y Backstroke	100y Backstroke	500y Freestyle
25y Freestyle	50y Breaststroke	100y Breaststroke	1000y Freestyle
25y Kickboard	50y Butterfly	100y Butterfly	1650y Freestyle
* Athletes registered for 10m Assisted Swim and 15m Walk may not register for 25y Freestyle or 25y Backstroke		100y Freestyle	
	100y Individual Medley	100y Individual Medley	

Name: _____ Consideration: * H V W
 Needs to use outside lane/ladder Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration: * H V W
 Needs to use outside lane/ladder Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration: * H V W
 Needs to use outside lane/ladder Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration: * H V W
 Needs to use outside lane/ladder Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Name: _____ Consideration: * H V W
 Needs to use outside lane/ladder Age: _____ Gender: F M

Event 1 _____ Score: _____

Event 2 _____ Score: _____

Event 3 _____ Score: _____

Photocopy this form as needed.

*Please indicate the following consideration: H = Hearing Impaired; V = Visually Impaired; W = Uses Wheelchair