



2017 April Showers Aquatics Invitational

April 8, 2017

Twin Rivers YMCA, New Bern

Registration Deadline: March 21, 2017

\$10 registration fee per person

Hosted By

Special Olympics Craven County and the Twin Rivers YMCA

"Let me win; if I cannot win, let me be brave in the attempt."



Craven County



**Recreation and Parks
Department**

2017 APRIL SHOWERS INVITATIONAL

Hosted by — Special Olympics Craven County and the Twin Rivers YMCA



Order of Events

Warm ups at 10 am

Meet starts at 11 am

1. 100y Freestyle
2. 10m Assisted
3.25y Breaststroke
4. 50y Backstroke
5.200y Breaststroke
6.50y Butterfly
7. 200y Backstroke
8. 25y Freestyle
9. 200y Individual Medley
10. 500y Freestyle*****
11. 4 x 25y Free Relay
12. 100y Individual Medley
13.100y Breaststroke
14.25y Butterfly
15. 25y Backstroke
16. 100y Backstroke
17.15m Unassisted
18. 50y Freestyle
19. 200y Freestyle
20. 4 x 25y Medley Relay
21.50y Breaststroke
22. 25y Floatation
23.100y Butterfly
24. 4 x 50y Freestyle Relay

*****This event may be swam before the 11 am start of meet depending on entries.

2017 Special Olympics Craven County April Showers Aquatics Invitational

Individual Entry Form



Registration Due March 21, 2017

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. Each athlete may compete in three individual events. Athletes in Level 2 or Level 3 may also compete in 2 relay events. **Please note: Events offered subject to change based on participation.**

Level 1	Level 2	Level 3	Level 3 (cont'd)
10m Assisted Swim *	25y Backstroke	50y Backstroke	200y Backstroke
15m Unassisted Swim	25y Breaststroke	50y Breaststroke	200y Breaststroke
25y Backstroke	25y Butterfly	50y Butterfly	200y Freestyle
25y Flotation Race	25y Freestyle	50y Freestyle	200y Individual Medley
25y Freestyle	50y Backstroke	100y Backstroke	500y Freestyle
	50y Breaststroke	100y Breaststroke	
	50y Butterfly	100y Butterfly	
	50y Freestyle	100y Freestyle	
	100y Individual Medley	100y Individual Medley	

* Athletes registered for 10m Assisted Swim and 25m Walk may not register for 25y Freestyle or 25y Backstroke

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: _____

Submit this form to saster@cravencountync.gov by March 21, 2017.

Photocopy this form as needed.

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

**Age athlete will be at Aquatics Meet on April 9, 2017

2017 Special Olympics Craven County April Showers
 Aquatics Invitational Relay Entry Form



Registration Deadline: March 21, 2017

Local Program/Agency: _____

List swimmers in order (including correct stroke for medley)

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Time: _____

Order	Athlete Name
1	_____
2	_____
3	_____
4	_____
ALT	_____

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Time: _____

Order	Athlete Name
1	_____
2	_____
3	_____
4	_____
ALT	_____

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Time: _____

Order	Athlete Name
1	_____
2	_____
3	_____
4	_____
ALT	_____

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Time: _____

Order	Athlete Name
1	_____
2	_____
3	_____
4	_____
ALT	_____

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Time: _____

Order	Athlete Name
1	_____
2	_____
3	_____
4	_____
ALT	_____

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Time: _____

Order	Athlete Name
1	_____
2	_____
3	_____
4	_____
ALT	_____

Team Name: _____

Relay Distance: 4x25 Free 4x25 Medley
 4x50 Free

Photocopy this form as needed.
 Send completed paperwork to saster@cravencountync.gov
 Registration Deadline is **March 21, 2017**



Special Olympics Craven County 2017 April Showers Invitational

This roster is intended for all members of the delegation **including** athletes.
Registration Deadline is March 21, 2017

Note: There is a \$10 per person (all delegation members) charge for lunch and expenses, due. Send Check Authorization to FS Director

Send all completed registration paperwork to saster@cravencountync.gov by March 21, 2017

Local Program/Agency: _____

HOD:		
Address:		
City, State, Zip:		
Home Phone:		work phone:
Cell Phone:		email:

Please check the appropriate box for each individual. Any non-athlete on this roster must complete a volunteer screening form and complete online protective behaviors training. Please note if the individual is under the age of 18.

Name	Role	Volunteer Screening Form w/State Program?	Protective Behaviors Training	Current & Valid athlete participation form?
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child <input type="checkbox"/> Unified Partner			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child <input type="checkbox"/> Unified Partner			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			
_____	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Athlete <input type="checkbox"/> Driver <input type="checkbox"/> Coach's Child			