SOUTH REGION STARS



2024 SWIMMING REGISTRATION FORM

200M 400M

It is important to fill out this form completely! We need accurate information about our athletes, the meets in which they'll compete, and contact information so that we can reach people in <u>advance</u> of practice if necessary. If you have any questions, contact Liza Cuchna at <u>liza.cuchna@yahoo.com</u> or 651-325-6657. *Return this form Liza at the first practice*.

PARTICIPATIO	PARTICIPATION INFORMATION								
First Name		La	Last Name						
Address									
Home Phone		Ce	_ Cell No.						
Contact 1		Co	Contact 2						
Contact 1Cell		Contact 2 Cell:							
Contact 1Ema		Contact 2 Email							
YES NO									
0 0	I plan to attend the Randolph Ave, St. Pa								
0 0	I plan to attend the State Competition on June 15 and 16 at Century Middle School, 18610 Ipava Ave, Lakeville, and I am enclosing the \$25.00 state registration fee.								
EVENT INFORMATION									
Choose up to three individual races, and if desired, one relay. Or choose two individual races and two individual									
aces and two race in them.	aces and two relays (if desired) Relays are optional and dependent on the number of athletes who want to								
dec in them.									
Assisted Swim	Freestyle	Backstroke	Breaststroke	Butterfly	Ind Medley				
15M	15M	25M	25M	25M	100M				
25M	25M	50M	50M	50M					
50M	50M	100M	100M	100M					
	100M	200M	200M						

NEW NOTES: Relay teams consist of four athletes or two athletes and two unified partners. All unified partners must have Level I certification after the first week of practice. We prefer that relay teams be formed by the athletes. It's important to make sure that:

- (1) every teammate has said "definitely yes"
- (2) has a current application and/or Level I certification (Unified Partners) on file at SOMN and
- (3) have agreed to swim at State (unless the team chooses to swim only at Area). Deadline: 3/11

	25M x 4 Relay		25M x 4 Unified Relay
1		1	
2		2	
3		3	
4		4	