Special Olympics Rhode Island

Aquatics Qualifier Registration Form

Check event: Providence College_____ Newport YMCA_____

Athlete Name: _____

Age: _____ Sex: M_____ F_____

Team: _____

Head Coach: _____ Phone: _____

Athlete may enter (2) events and (1) relay only.

Events	**Min**	**Sec**	**Tenths**
25 M Free	_____ :	_____ .	_____
50 M Free	_____ :	_____ .	_____
100 M Free	_____ :	_____ .	_____
50 M Backstroke	_____ :	_____ .	_____
25 M Backstroke	_____ :	_____ .	_____
25 M Butterfly	_____ :	_____ .	_____
50 M Butterfly	_____ :	_____ .	_____
25 M Breaststroke	_____ :	_____ .	_____
Developmental Events			
10 M Assisted	_____ :	_____ .	_____
15 M Float	_____ :	_____ .	_____
15 M Unassisted	_____ :	_____ .	_____
15 M Walk	_____ :	_____ .	_____
Relays (Enter team time)			
4 X 25 Jr. Relay	_____ :	_____ .	_____
4 X 25 Sr. Relay	_____ :	_____ .	_____
4 X 50 Jr. Relay	_____ :	_____ .	_____
4 X 50 Sr. Relay	_____ :	_____ .	_____

Please submit to Casie Rhodes Casie@specialolympicsri.org or fax (401)-349-4936