

2017 Swimming State Games



**Special
Olympics**
South Australia

REGISTRATION FORM

Saturday 11th March 2017 at 4pm
Marion Outdoor Swimming Centre
Cnr Oaklands Rd & Hendrie Street PARKHOLME

SELECTION EVENT FOR NATIONAL GAMES 2018

Please Note: Open to all Special Olympics members and visiting clubs

General information
Registration at 4pm
Warm Up at 4.15 – 4.30pm
Events start 1t 4.30pm
BBQ Tea Provided

Entry Fee of \$25.00 each athlete this includes Event registration and pool entry

Payments:

Submit Registration Forms and Payment to your program coordinator or send directly to the Office

EFT Payments

Please send copy of receipt or advise us by email that a deposit has been made.

BSB: 032078

Account Number: 740494

Account Name: Special Olympics Australia – Adelaide South

Reference: Your Name - Swimming

Cheques or Money orders to be made payable to: **Special Olympics SA- Adelaide**

Please post entry form and cheque (entry fee) to:

SOSA – Adelaide Club

Level 1, Bldg 4,

32 – 56 Sir Donald Bradman Drive Mile End SA 5031

Entries close: Friday 3rd March 2017 - NO LATE ENTRIES ACCEPTED

Please advise any Dietary Requirements:

Registration Form

To be completed by athlete as an individual or program coach

Club: Athlete's SOMS number:

Athlete's Name:

Age Group:
Circle 12 years & under 13-14 years 15-16 years Open 35 years +

SWIMMING NOMINATION DETAILS

Choose ANY 6 events you wish to compete in with your fastest times and you will be placed into 4 events. This does not include a relay event. We shall endeavour to put all swimmers into a relay event.

Please note: that if there are not enough swimmers for each event, then the event will not go ahead.

You must indicate times for each event. The 15% rule will be strictly followed. Please read and sign below.

| | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> 15m Freestyle | <input type="checkbox"/> 15m Freestyle | <input type="checkbox"/> 15m Freestyle | <input type="checkbox"/> 15m Freestyle | <input type="checkbox"/> 150m Medley |
| <input type="checkbox"/> 25m Freestyle | <input type="checkbox"/> 25m Breaststroke | <input type="checkbox"/> 25m Backstroke | <input type="checkbox"/> 25m Butterfly | <input type="checkbox"/> 100m Medley |
| <input type="checkbox"/> 50m Freestyle | <input type="checkbox"/> 50m Breaststroke | <input type="checkbox"/> 50m Backstroke | <input type="checkbox"/> 50m Butterfly | <input type="checkbox"/> 200m Medley |
| <input type="checkbox"/> 100m Freestyle | <input type="checkbox"/> 100m Breaststroke | <input type="checkbox"/> 100m Backstroke | <input type="checkbox"/> 100m Butterfly | <input type="checkbox"/> |
| <input type="checkbox"/> 200m Freestyle | <input type="checkbox"/> 200m Breaststroke | <input type="checkbox"/> 200m Backstroke | <input type="checkbox"/> 200m Butterfly | <input type="checkbox"/> |
| <input type="checkbox"/> 400m Freestyle | <input type="checkbox"/> | Relay 4x50m (4 swimmers) Indicate preference | | |
| <input type="checkbox"/> 800m Freestyle | <input type="checkbox"/> | | | |
| <input type="checkbox"/> 1500m Freestyle | <input type="checkbox"/> | | | |

Please include a CURRENT personal best performance (PB) for each event nominated above

| Event | Personal Best (PB) | Event: | Personal Best (PB) |
|----------|--------------------|----------|--------------------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

15% RULING

At Special Olympics we think it's important for everyone to have a chance to succeed. To do this we try to make sure you compete with other athletes of similar ability. This means the times of the slowest and fastest swimmers in the race shouldn't be more than 15% apart. If you are in a race and the time you get is 15% faster than the time you put down on this form, you won't be able to win or get a place – you will be disqualified.

So please make sure you put down the correct times above. If you're not sure of your times, or don't have a time, just contact us so we can arrange for you to be timed. You can also speak to your coach or Swimming Coordinator if you have any questions. Please sign below to confirm you understand the 15% ruling.

I, _____, have read and understand the 15% ruling.

Athlete: _____ Date: _____