

Necessary Accommodation Form – Athlete

Coaches, please state all requested accommodations/modifications.

Include with team entry and email copy to meet referee

Swimmer’s Name: _____ P1__ P2__ P3__ Meet: _____ Date: _____

Parallel Time Standard Used: _____

Club _____ LSC _____ Coach: _____ Cell # (at meet) _____

Accommodations needed; please describe.

Modifications needed; please describe.

Session	Event	Heat	Lane	Modification(s) Per Rule 105