



USA Swimming Swimmer Assignment Form

Name of Meet: _____

Date: _____ City: _____

Name of Swimmer(s):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Name of Swimmer's Team: _____

I, _____, agree to act as coach for the
(Print your name)
above named swimmer(s) during the pre-meet practice, warm-up and the
competition.

Coach's Signature

Date

Coach's Team Name

Coach's Cell Phone Number