



## USA Swimming Swimmer Assignment Form

Name of Meet: 2024 Central Zone East Speedo Sectionals

Date: March 21-24, 2024

City: Indianapolis, Indiana

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 (Please include LSC)

\_\_\_\_\_  
Coach's Cell Phone Number

If a swimmer's home club coach is not attending the meet, this form must be completed and submitted to the meet host prior to an athlete receiving his/her credential.