



Disability Athlete Necessary Accommodation Form



Meet: 2025 Central Zone East Spring Speedo Sectional at Indianapolis: March 27-30, 2025

Date:

Swimmer's Name:

Swimmer's Team (Full Name with LSC):

Coach Name:

Cell #:

Performance Grouping ___P1 ___P2 ___P3 (for LSC, Zone or Sectional meets only)

Identified Accommodations (Necessary for swimmer with a disability to access facility and maneuver to the block):

Event Modifications per Art. 105 in accordance with 105.1.2. (Any modification of the technical rules allowing parallel performance for a swimmer with a disability).

Session	Event			Modification(s) Per Article 105

Referee's acknowledgment of communication with coach regarding this athlete.

Signed _____
Referee

Date _____