



USA Swimming Swimmer Assignment Form

Name of Meet: 2025 Central Zone East Speedo Sectionals

Date: March 27-30, 2025

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.