

Meet Accommodation Form — Swimmer With a Disability

Central Zone USA Swimming

Meet: _____ **Date:** _____

Swimmer's Name: _____ **Club:** _____ **LSC:** _____

Performance Group: ☐ P1 ☐ P2 ☐ P3 (For meets with qualifying/parallel time standards)

Coach Name: _____

LSC Disability Chair Name: _____

Necessary Accommodations

(For swimmer to access the facility and competition area, including the starting area)

Event Modifications (Article 105 Compliance)

(Modifications must align with USA Swimming Rule 105 to allow fair and parallel performance)

Examples may include: - Towel on block for stability - Additional time for athlete to approach or exit block - Assistance at starting area - Wall lane preference - Personal assistant for mobility or communication - Starter visual signals - Modified breaststroke kick allowance (per Rule 105.5.2)

Please state required modifications for each event:

| Session | Event | Required Modification(s) per Article 105 |
|---------|-------|--|
|---------|-------|--|

Referee Acknowledgment

Conversation with coach completed for accommodations and modifications.

Referee Signature: _____ **Date:** _____

Prepared for Central Zone USA Swimming