Ohio Swimming Meet Accommodation Form for Swimmer with a Disability

Meet Name:	
Date of Meet:	
Team:	
Swimmer's Name:	
Swimmer's Ability Grouping (P1, P2, P3)	
Coach's Name:	
Coach Cell:	

What, if any, accommodations are needed for the swimmer (include access to facility) up to the time they arrive at the starting block?

What modification of the technical rules per Article 105 (in accordance with 105.1.2) are needed for the swimmer with a disability for this event?

Event #	Description	Modification(s) Per Article 105

Please send a copy of this for to both the meet entry chair and Referee for the Meet.