

## USA Swimming Swimmer Assignment Form

Name of Meet:			
Date:	City:		
Name of Swimme			
Name of Swimme	r's Team:		
I,	(Print your name)	, agree to	act as coach for the
above named swir	mmer(s) during the p	re-meet practic	e, warm-up and the
Coach's Signature	<del></del>	Date	
Coach's Team Na	me		
Coach's Cell Phor	ne Number		