SWIMMERS WITH DISABILITIES MEET DECLARATION FORM

Swimmer Name: _____

Meet: _____ Date: _____

Event	**Accommodation/Modification**

Competition Category:

- ☐ **P1** - non-ambulatory (wheelchair user), limited use of all four extremities
- ☐ **P2** - dwarfism, multiple limb deficiencies, ambulatory with assistance, wheelchair user with high functioning upper body
- ☐ **P3** - single limb deficiencies, visual impairments, intellectual impairments, ambulatory without significant assistance

FOR IASI CHAMPIONSHIP MEETS ONLY

- ☐ *Opt-out of competing in the disability swimming category (become ineligible for para points or finals)*

_____ _____

Meet Referee Signature Date

* provide a completed copy to the Administrative Official to include with meet information