

# Athlete Application for National Deaf Swimming Team



## Competition: 6th World Deaf Swimming Championships

13-19 August 2023, Buenos Aires, Argentina

Long Course Meters

Submit completed application to [INFO@DEAFSWIM.ORG](mailto:INFO@DEAFSWIM.ORG)

Application deadline is January 31, 2023. Team will be announced prior to March 1, 2023.

Qualification requirements are posted online at [www.deafswimming.org](http://www.deafswimming.org)

Submit questions to [info@deafswim.org](mailto:info@deafswim.org)

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### ATHLETE INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_  
Day / Month / Year

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Athlete Cell Phone: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

School Swim Team: \_\_\_\_\_

Club Swim Team: \_\_\_\_\_

USA Swimming Membership Number: \_\_\_\_\_

USA Deaf Swimming Membership Number (if available): \_\_\_\_\_

Deaf or Hard of Hearing at least 55 Db OR GREATER in better ear?  YES  NO

[Audiogram](#) submitted to USADSF on official form?  YES  NO Date Submitted: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_

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ATHLETE: \_\_\_\_\_

**SWIMMING INFORMATION**

To be considered athletes must have at least 1 USA Qualifying Time earned within 12 months of the competition that is verifiable through USA Swimming or official meet results reports. USA Qualifying Times are found at [www.deafswim.org](http://www.deafswim.org).

**Primary Events:** Indicate your primary swim events by placing an “X” by the appropriate ones. Include those in which you compete regularly and/or your strongest strokes. Indicate at least 3 of your primary events.

	<b>50 freestyle</b>		<b>50 butterfly</b>
	<b>100 freestyle</b>		<b>100 butterfly</b>
	<b>200 freestyle</b>		<b>200 butterfly</b>
	<b>400/500 freestyle</b>		
	<b>50 backstroke</b>		<b>50 breaststroke</b>
	<b>100 backstroke</b>		<b>100 breaststroke</b>
	<b>200 backstroke</b>		<b>200 breaststroke</b>
	<b>200 individual medley</b>		<b>800/1,000 freestyle</b>
	<b>400 individual medley</b>		<b>1,500 freestyle</b>

**Swim Times:** Provide recent times in your primary swim events of your choice. Include those in which you compete regularly and your strongest strokes. Include your fastest time per event and whether it is LCM or SCY. LCM times are preferred. Do not provide times more than 24 months old.

Distance & Stroke	Best Time	LCM or SCY	Date	Distance & Stroke	Best Time	LCM or SCY	Date
50 freestyle				50 butterfly			
100 freestyle				100 butterfly			
200 freestyle				200 butterfly			
400/500 freestyle							
50 backstroke				50 breaststroke			
100 backstroke				100 breaststroke			
200 backstroke				200 breaststroke			
200 individual medley				800/1,000 freestyle			
400 individual medley				1,500 freestyle			

ATHLETE: \_\_\_\_\_

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**PARENT/LEGAL GUARDIAN INFORMATION (if under age 18)/Emergency Contact (if over 18):**

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Parent 1 Street Address: \_\_\_\_\_ Parent 2 Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Home Phone: \_\_\_\_\_ Parent 2 Home Phone: \_\_\_\_\_

Parent 1 Cell Phone: \_\_\_\_\_ Parent 2 Cell Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_

**PERSONAL REFERENCES:** Submit at least 2 letters of reference. Athletes who have been a member of the national team within the past 3 years are exempt from providing letters of reference.

- o One letter from your current or most recent coach attesting to 1) your level of training and ability and 2) your ability to compete at the required level to represent USADS and USADSF.
- o A second letter that is a character reference that shows how you will uphold the athlete honor code and attest to your appropriate use of social media.

The reference letters may be sent directly to [info@deafswim.org](mailto:info@deafswim.org).

**Reference #1:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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ATHLETE: \_\_\_\_\_

**OPEN RESPONSE QUESTIONS: Your answers to these questions will be used in the athlete selection process.**

Why do you want to be a member of Team USA?

How do you see yourself making a meaningful contribution to your teammates and to the team overall in training, competition, and travel?

ATHLETE: \_\_\_\_\_

**Please initial the following indicating your understanding:**

\_\_\_\_\_ I understand that if selected for the national travel team that I am responsible for the full cost of my travel, competition, and those expenses associated with participation in the designated meet.

\_\_\_\_\_ I understand that in order to be awarded a place on the final team roster for a designated meet that I must complete the full application, be approved by the USADS Board and USADSF, and make all payments in full by the required deadlines.

\_\_\_\_\_ I understand that I must refrain from unauthorized media contact immediately prior, during, and after the event unless I receive written approval from USA Deaf Swimming to speak to or communicate with the media.

\_\_\_\_\_ I understand that if selected for the USA Deaf Swimming Team USA that I will represent USADS before, during and after training and travel to and from the event. Therefore, I agree to make careful and appropriate choices in any social media post that I make before, during, and after that time or at any time that I am a current member of USA Deaf Swimming or USA Deaf Sports Federation.

\_\_\_\_\_ I understand that failure to abide by the team code of conduct, travel policy, and social media or communications guidelines may result in dismissal from the team or removal from competition. In this event, I understand that I may be responsible for the cost of my own return travel home from the meet.

**APPLICATION SUBMISSION STATEMENT:**

I attest that this document provides true and correct information, that I am willing to abide by the athlete code of conduct and athlete criteria before, during, and after international competition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Application deadline is January 31, 2023