

Application for American Record



Name of Competitor: _____

Date of Birth (MM/DD/YY): _____ Gender: Male: _____ Female: _____

Classification: S _____ SB _____ SM _____

Event Distance & Stroke (i.e. 100 Backstroke): _____

Length of Course: 25y _____ 25m _____ 50m _____

Relay Team Names:

Swimmer #1 _____ Swimmer #2 _____

Swimmer #3 _____ Swimmer #4 _____

OFFICIAL TIME: _____ Date Swum: _____

Manufacturer of Electronic Equipment: _____

Name of Competition: _____

City: _____ Name of Pool: _____

Was the water still? Yes _____ No _____ Indoor: _____ Outdoor: _____

Type of Competition: USA Swimming: _____ US Masters Swimming: _____

YMCA: _____ NCAA: _____ High School: _____ Other: _____

Was the meet run under WPS Swimming Rules? Yes: _____ No: _____

If run under USA Swimming rules, were any exceptions used under Article 105? Yes: _____ No: _____

The swimmer was observed throughout the swim and adhered to all applicable rules governing the stroke

Yes: _____ No: _____

Name of Meet Referee: _____ Signature: _____

Submitted by: _____	Organization: _____
Position: _____	Signature: _____
Date: _____	
For U.S. Paralympics Swimming Use Only	
Application Received on: _____	Ratified/Denied on: _____
Position: _____	Signature: _____
Reason for Denial: _____	

All applications must be accompanied by official meet results

**Applications and official meet results must be received by U.S. Paralympics Swimming within 14 days of the record setting swim. Submit to Erin Popovich, 1 Olympic Plaza, Colorado Springs, CO 80909 or Erin.Popovich@usopc.org