



2022 Para Swimming World Series Indianapolis - International Team Accreditation Form

National Paralympic Committee: _____ National Federation (if applicable): _____

Team Leader / Coach Name: _____

Team Leader / Coach Coach Email: _____

Team Leader / Coach Phone Number: _____

Athlete

	Athlete Name	Date of Birth (MM/DD/YYYY)	Athlete Email	SDMS Number (Find HERE)	Sport Class (S/SB/SM)	Sport Class Status N/R/R+FRD/C)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please email completed form to: Olivia Barker at Olivia.Barker@usopc.org and Jenny Sternecker at Jenny.Sternecker@usopc.org

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Parent / Guardian

Team's registering minor (17 years and under) athletes or athletes with a sport class S14 must have a parent or guardian contact. One parent or guardian per athlete is allowed a team staff accreditation. Please indicate if they will need one below.

	Parent/Guardian	Will they be on deck? (Yes/No)	Parent/Guardian Email:	Parent/Guardian Phone Number:
1				
2				
3				

Team Staff

Team staff is designated as Coach, Team Leader, Medical, or Support Staff.

	Team Staff	Role	Team Staff Email	Team Staff Phone Number
1				
2				
3				
4				
5				
6				

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7				
8				
9				
10				