

SWIMSTRONG

Coach Award Application Form

Due May 31

(This application, along with the attached goal worksheets, will be returned to you after they have been reviewed.)

Name _____ Date _____ Age as of Dec. 31 _____

1. Attach your Goal Worksheets you have kept during the indoor season to this Coach Award Application Form.

2. I competed in the ☐ November Splash Out Cancer

3. List the 4 (or more) USA swim meets (hosted by teams other than SwimStrong) you competed in from September through May along with the date(s) you competed.

Meet Name	Date(s)	Meet Name	Date(s)

4. Complete this chart using the applicable age group requirements*:

Age:	Event:	USA swim meet where event was legally completed
Event 1:	Freestyle	
Event 2:	Backstroke	
Event 3:	Breaststroke	
Event 4:	Butterfly	
Event 5:	Individual Medley	
Event 6:	Individual Medley	

*If your swimmer is 8 & U fill in the above chart using the column 1 information below (leave the last row, event 6, blank).

If your swimmer is 9-10 fill in the above chart using the column 2 information below (leave the last row, event 6, blank).

If your swimmer is 11-12 fill in the above chart using the column 3 information below (leave the last row, event 6, blank).

If your swimmer is 13 & O fill in the above chart using the column 4 information below.

Age group requirements:

8 & Under	9-10	11-12	13 & Over
100 Freestyle	200 Freestyle	500 Freestyle	500 Freestyle
50 Backstroke	100 Backstroke	100 Backstroke	200 Backstroke
50 Breaststroke	100 Breaststroke	100 Breaststroke	200 Breaststroke
50 Butterfly	100 Butterfly	100 Butterfly	200 Butterfly
100 Individual Medley	200 Individual Medley	200 Individual Medley	200 Individual Medley
			400 Individual Medley

5. List the one (or more) LESI Championship Meet you competed in this February or March along with the date(s) you competed.

Championship Meet Name	Date(s)	Championship Meet Name	Date(s)

6. Thank you so much for making a difference by independently raising money for the Splash Out Cancer Meet. Please explain briefly what you did:

How much money did you raise?_____

How much time did you spend raising this money?_____

7. ☐ I believe I attended the required percentage of practices for 7 of 9 months, September through May, for my practice group.

Please sign and date below and give this form to your coach at practice.

Swimmer Signature

Date

Parent Signature

Date

Thank you for applying for the Coach Award!

This award is considered the most significant award a SwimStrong swimmer can earn. It is based on a swimmer’s ability to make and honor a commitment as a member of SwimStrong. Please remember the Coach Award Application must be **turned in** to your coach **by May 31st**. The award will be presented when your application has been approved.

To be completed by a coach:

I, Coach _____, received a Goal Summary from this swimmer by Oct. 15th and I certify that this swimmer fulfilled their age group level practice commitment.

Coach Signature

Date