



Verification of Status as Primary Coach

This form provides verification of status as a primary coach for a specific swimmer.

The Primary Coach is that person who designs and actively supervises the training of the athlete on a consistent and regular basis.

Name of Coach: _____

Name of Swimmer: _____

Club: _____

Period for which the coach acted as Primary Coach for the swimmer:

Start: _____ End: _____

This form must be signed by at least 2 people, which can include a Parent of the swimmer concerned, Club Chairman, Federation Recorder, Federation Secretary.

I hereby declare that the information above is correct and accurate.

1.

2.

Signed: _____

Full name: _____

Designation: _____

Date: _____

Email: _____

Contact #: _____
