

## Cayman Islands National and CIASA Records Notification Form

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This form is to be completed by a CIASA certified Coach and returned to the CIASA Technical Director by email at [technicaldirector@ciasa.ky](mailto:technicaldirector@ciasa.ky) within 14 days of the performance.

Athlete's name: \_\_\_\_\_ Sex of athlete:  F  M

Date of Birth: \_\_\_\_\_ CIASA Club: \_\_\_\_\_

CIASA Member (Yes / No): \_\_\_\_\_ Date(s) of meet: \_\_\_\_\_

Meet attended: \_\_\_\_\_

Place: \_\_\_\_\_ Country: \_\_\_\_\_

Competitive Course swam (Short or Long Course Meters only):  SCM  LCM

Age group swam in the meet: \_\_\_\_\_ Athlete age on date of the record swim(s): \_\_\_\_\_

*Records are determined by the age of the swimmer on the date of the record swim not the age group the swimmer is competing in at the meet.*

*Official Meet results in support of times or link of website competition **must** be submitted with form.*

### CIASA RECORDS

Events	Date of swim	Official Time	Prelims / Finals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CAYMAN ISLANDS NATIONAL RECORDS *(If this is their first record, please include CI Status docs)*

Events	Date of swim	Official Time	Prelims / Finals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Name and signature of the applicant.**

\_\_\_\_\_

**Technical Director.**

Approved / Rejected