



Form 5
2017 Adaptive Sports USA Junior Nationals™
Wheelchair, Blind, Amputee, CP, Race Runner, or Ambulatory Mixed
Track Relay Form



This form is to be completed by the Head Coach **only** from each team. Refer to the Relay Points matrix and include **the qualifying meet code and qualifying time**. All times are verified. Meets not sanctioned by Adaptive Sports USA results must be attached with registrations. Include Relay Team names if applicable. Three of the four members must qualify together only one substitute is allowed. Please put names in race order.

POINT SYSTEM FOR RELAYS

	T51/52, T32/33/35	T53/T34/T36 T41/T42	T54/T11/T37/ T38/T43/T44	T12/T13 T20/T45/T46	Relay Type	
U11	1	2	3	4	A)	Wheelchair
U14	2	4	6	8	B)	Visually Impaired
U16/U18	3	6	9	12	C)	Amputee
					D)	CP
U20/U23	4	8	12	16	E)	Racerunners
					F)	Ambul. Mixed(B,C,D)

Team Name: _____ **Coach:** _____

	Indicate Male/Female /Mixed	Meet Code	Time	Athlete Names	Class/Age (T35/U16)	Athlete Names	Class/Age (T35/U16)
4 x 100 Meter 10 point TYPE _____				1. _____		2. _____	
				3. _____		4. _____	
4 x 100 Meter 20 point TYPE _____				1. _____		2. _____	
				3. _____		4. _____	
4 x 100 Meter 30 point TYPE _____				1. _____		2. _____	
				3. _____		4. _____	
800 Medley 30 point TYPE _____				1. _____		2. _____	
				3. _____		4. _____	
800 Medley 40 point TYPE _____				1. _____		2. _____	
				3. _____		4. _____	
800 Medley 50 point Ambulatory				1. _____		2. _____	
				3. _____		4. _____	
4 x 400 Meter Open TYPE: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair				1. _____		2. _____	
				3. _____		4. _____	

Alternate Athlete:
Name: _____ **Event:** _____ **Class:** _____