



SPORTS for Exceptional Athletes

**Swimming Meet
Team Registration Packet
Summer Season 2026**

Mail Team Registration Form to:
SPORTS for Exceptional Athletes
8380 Vickers St. Suite E
San Diego, CA 92111

Phone: 858-565-S4EA (7432)
Fax: 858-496-7309
E-mail: sds4ea@gmail.com
Website: www.s4ea.org

Sport: **Swimming Meet**
Date: **Saturday, August 8, 2026**
Time: **8:00am – 1:00pm**
Where: **St. Madeleine Sophie's Center
2119 E. Madison Ave., El Cajon 92019**
Fee: **\$10.00 for each athlete-covers insurance, lunch & awards**
Rules: **SPORTS for Exceptional Athletes Swimming Rules**



Out-of-town teams are invited to swim in our SPORTS for Exceptional Athletes Swimming Meet. Divisions will be made based on times in each event. Athletes may enter 3 events plus 1 relay.

The S4EA Swim Meet Entry Form, Team Registration Form & Team Registration Fee are due by July 28, 2026. If your team does not have all the signatures by the due date, then bring to the tournament the Team Registration Form with signatures. Your team must, though, get in the S4EA Swim Meet Entry Form with your athlete's events and times by the due date so that your athletes can be put in the proper divisions. Map and final information will be mailed upon receipt of the S4EA Swim Meet Entry Form.

Tentative Schedule of Events

Saturday, August 8, 2026

8:00am - 8:30am Team Registration at St. Madeleine Sophie's Center
8:45am - 9:00am Coaches Meeting/Scratches
9:00am - 12:45pm Swimming Events
11:00am - 1:00pm Lunch
1:00pm Pick-up Awards and Teams Depart

SPORTS for Exceptional Athletes (S4EA) is a sports program serving athletes with and without developmental disabilities ages 5 through adult in San Diego County.

The purpose of SPORTS for Exceptional Athletes is to create enhanced opportunities for people with and without disabilities to interact and form lasting bonds of friendship through shared sports and recreational activities in their community.

For more information, call SPORTS for Exceptional Athletes at 858-565-S4EA (7432).



SPORTS
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SWIMMING MEET TEAM REGISTRATION FORM

Enclosed is \$_____ Team Registration Fee of \$10 per athlete on Saturday, August 8 at SMSC-Pool.

Team Name _____ Ability _____ Sport/Colors _____ Email _____

Manager's Name _____ HPhone _____ WPhone _____ Cell _____

Address _____ City _____ St _____ Zip _____

Please Read Carefully Release Below Before Signing. Place A * By Inclusive Athletes Without Disabilities.

	Print or Type Name	Signature of Athlete/Parent if Under 18	Date of Birth	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

Coaches Names _____

RELEASE FORM

I hereby represent and warrant that, to the best of my knowledge and belief, the above named athlete is physically and mentally able to participate in the SPORTS for Exceptional Athletes program involving sports training & competition. I hereby give permission for the above named athlete to participate in SPORTS for Exceptional Athletes program & adhere to S4EA Code of Conduct/Safe Sports Guidelines.

In consideration for the SPORTS for Exceptional Athletes program providing the opportunity for above named athlete to participate in the SPORTS for Exceptional Athletes program, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, injury, or illness that the above named athlete may suffer as a result of participation in the SPORTS for Exceptional Athletes program. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to the above named athlete's participation in the SPORTS for Exceptional Athletes program, and from liability resulting from illness such as communicable diseases including COVID-19.

I assume all risks and hazards involved in, or incidental to, the participation of above named athlete in the SPORTS for Exceptional Athletes program and hereby consent to above named athlete to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event of any injury during any SPORTS for Exceptional Athletes program.

I agree to provide all pertinent medical information to SPORTS for Exceptional Athletes and to assist SPORTS for Exceptional Athletes so that adequate precautions can be made and so that appropriate care can be provided to above named athlete during SPORTS for Exceptional Athletes program. I agree to have all of above named athlete's necessary medication on hand with proper instructions during any SPORTS for Exceptional Athletes program.

I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the above named athlete's name, voice, likeness or any other identifiable representation of above named athlete or family members. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording, software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of above named athlete shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of above named athlete's name, voice and any other identifiable representation of above named athlete. I have agreed to the above in consideration of the opportunity given to above named athlete by SPORTS for Exceptional Athletes to appear in these materials. I acknowledge that I have fully read and understand this document.