

**CCS SWIMMING & DIVING**

*California Interscholastic Federation*  
**Central Coast Section**

Governance of H.S. Athletic Programs  
from San Francisco to King City

**DECK PASS FORM**

**SCHOOL NAME**

**EMERGENCY CONTACT PHONE NUMBER**

**PRINCIPAL & ATHLETIC DIRECTOR:**

- This form is to be used for listing your swimming coaches so that proper Deck Passes can be issued.
- Principals must sign this form.
- **One (1) Copy of this form should be e-mailed to our meet director Bill Hird at ([billhird@comcast.net](mailto:billhird@comcast.net)) by April 30, 2012.**
- One (1) name only allowed on each line below. If your Women's and Men's coaches are the same person(s), just fill in one side.
- **Number of Deck Passes Criteria:**
  - 1 to 4** swimmers in individual events plus relays (1 DECK PASS);
  - 4 to 9** swimmers in individual events plus relays (2 DECK PASSES)
  - 10 or more** swimmers in individual events plus relays (3 DECK PASSES)
  - If you have **divers** we will issue a diving coach Deck Pass if necessary.
- Coaches, please be advised that **giving your deck pass to anyone** other than those listed on this form can result in you being **removed from the competition** site & if you are the only coach for your school present, **could also result in your team being eliminated from the competition.**

**2012 CCS SWIMMING & DIVING CHAMPIONSHIPS**

**Date of Meet: May 11 & 12**

**Location: Santa Clara Swim Center**

**BOY'S TEAM COACH'S**

please print neatly or type

**GIRL'S TEAM COACHES**

please print neatly or type

1. **HEAD**  
\_\_\_\_\_

1. **HEAD**  
\_\_\_\_\_

2. **ASSISTANT**  
\_\_\_\_\_

2. **ASSISTANT**  
\_\_\_\_\_

3. **ASSISTANT**  
\_\_\_\_\_

3. **ASSISTANT**  
\_\_\_\_\_

**DIVING COACH**

Principal's Signature _____	Date: _____
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THANKS FOR YOUR COOPERATION AND ASSISTANCE IN THIS IMPORTANT ASPECT OF  
CCS SWIMMING CHAMPIONSHIPS!

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our meet director Bill Hird at [billhird@comcast.net](mailto:billhird@comcast.net)  
or faxed to 408-268-4448 by April 30, 2012**