

YMCA SANCTIONED MEET DECLARATION FORM

(**Note:** Return signed Declaration form to the meet director)

Participating YMCA:

YMCA Address:

Meet Name: Illini District Championship
Meet Date(s): February 24-25, 2018
Meet Host: Springfield YMCA Swim Team
Meet Location: 4450 W Iles Ave, Springfield, IL 62711

We the undersigned attest to the following:

SWIMMERS - All swimmers representing the YMCA above are full privilege members of the YMCA and meet the eligibility requirements.

COACHES - All coaches representing the YMCA above hold current certifications in CPR, First Aid, Coaches Safety Training and Principles of YMCA Competitive Swimming and Diving.

INSURANCE - Our Association now has insurance coverage for representative(s) including leadership and participants who will be in attendance at the Illini District Championship for the period of the meet. I hereby certify that YMCA has a minimum of \$1,000,000/\$2,000,000 in liability insurance that covers our coaches and swimmers during their participation in the Illini District Championship.

RELEASE - In consideration of your accepting this entry, I hereby, for myself, heirs, executor and administrators, waive and release any and all right and claim for damages I may have against the YMCA of the USA, Springfield YMCA Swim Team, their agents, representatives or assigns, and the YMCA of Springfield IL for any and all injuries which may be suffered by participants at the Illini District Championship. Furthermore, we understand that the YMCA of the USA and Springfield YMCA Swim Team are not responsible for any intended or unintended consequences related to removing an athlete from competition for a head injury. This includes, but is not limited to, any financial reimbursement associated with such removal.

Name and Signature of Head Coach

Name and Signature of YMCA Executive Director or Designee