

YMCA Sanctioned Championship Meet Declaration Form

Meet Name: _____

Meet Date(s): _____

Meet Location: _____

Participating YMCA: _____

YMCA Address: _____

Head Coach: _____

Coaches Attending: _____

Entry Contact Name: _____

E-Mail Address: _____

Phone: _____

I attest that all swimmers representing the YMCA above are full privilege members of the YMCA. I also attest that all coaches representing the YMCA above hold current certifications in CPR, First Aid, Coaches Safety Training and Principles of YMCA Competitive Swimming and Diving.

Name of Head Coach

Signature of Head Coach

Name of YMCA Executive Director or Designee

Signature of Executive Director or Designee