

USA SWIMMING
IOWA SWIMMING, INC.
APPLICATION FOR SANCTION

DATE OF APPLICATION: _____

CLUB REQUESTING: _____

REQUEST FOR (select one): Sanction Approval Observed Other

TYPE OF MEET (select one): Invitational Triangular Dual Intrasquad Other_____

MEET NAME: _____ EVENT DATES: _____

POOL: _____

Pool Certified: _____ Pool Length: _____ # of Lanes:_____

MEET DIRECTOR: _____

(Must be Non-athlete Member)

EMAIL:

PHONE:

MEET REFEREE: _____

(If Known, If not, list TBD under Name)

(Name)

EMAIL:

PHONE:

As a condition of obtaining such a sanction, I and the above organization which I represent, agree to abide and govern this event under the rules and regulations of USA Swimming and Iowa Swimming, Inc., and all other terms and conditions upon which this sanction may be granted. These terms specifically include all local rules and regulations and those set forth in Article 202 of the current edition of the USA Swimming Code, specific reference to 202.4.8, which provides that:

'In granting this sanction it is understood and agreed that USA Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.'

Authorized team representative

Sanction will be returned to Meet Director's email as noted above unless otherwise noted below:

(Name)

(Email)

(Phone)

(E-mail)