Before the LSC Sanction Chair is permitted to issue a sanction for an open water event, approval of the meet plan must be obtained from the Application Approver. This application outlines the necessary elements of the meet plan. Completing the application does not automatically grant you approval of the meet plan. Failure to include all aspects requested in the application will automatically cause the application to be denied. The meet plan will be reviewed by a designated open water application approver who will issue an approval or a denial within one week of receipt. If not approved, the reason(s) will be supplied so that the applicant can take the necessary remedial actions.

The following items must be submitted:

* Application for Open Water Meet
* Meet Announcement
* Water Quality Certification (website references are acceptable with URL)

After approval submit to LSC Sanction Chair per established local rules committee. Be certain to allow for the extra time this will take (approximately 1 week). Local sanction fees apply.

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| **SAFETY MONITOR (Non-Affiliated Safety Monitor)** | |
| Name of Non-Affiliated Safety Monitor: | |
| Phone: ( ) - | E-mail: |
| List Monitor (ie; open water meet director, Open water referee and position in water safety management) | |
| Selected by (Name & Title): | |
| Phone: ( ) - | E-mail: |

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| Basic Information | | | | |
| Name of Host Club: | | | | |
| Name of Event: | | | | |
| Event Location: | | Event Date: | | |
| City: | State: | | LSC: | Zone: |
| Length of Race(s): Age Groups Participating: (circle all that apply) 10&U 11&12 13&14 15-18 Open | | | | |
| Expected Number of Competitors: | | | | |

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| **WATER QUALITY** |
| Step 1: Attach certificate (or reference URL site) with necessary information showing the site meets local governing body requirements for bathing.  Step 2: One week prior to the event, check water quality and submit certification (or reference URL site) to the Independent Safety Monitor  Step 3: On race day, submit additional water sample for certification. If results returned are inconsistent with the local governing body’s standards, notify swimmers who participated in the event of any known exposures post-race.  If an exceptional event such as heavy rain or flooding affects the water quality, take a water sample the day of the race. The Referee, Meet Director, or the Safety Monitor shall have the authority to postpone or cancel the race. |

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| **TECHNICAL MEETING /PRE-RACE MEETING (Recommended)** |
| Tentative date/time of **MANDATORY** Pre-Race Safety meeting (athletes must attend to participate in race): included in meet information |
| Tentative date/time of recommended Technical Meeting (within 24 hrs of race, athlete and/or coach/designated coach required to attend):  Attach tentative agenda. See meet information |

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| **RACE PLAN** | |
| Race Day conditions | |
| Expected air temperature: | Expected water temperature:  Minimum Allowed: 60.8°F Maximum Allowed 5K+: 87.8°F |
| Combined air & water temperature: (Must be between 118°F and 177.4°F) | |
| Type of body of water: (circle one) Ocean Lake River Other: | |
| Water type: (circle one) Salt water Fresh Water | Course: (circle one) Closed course (not accessible by boat) Open course |
| General water depth of course: | |
| *If open course, please indicate the organization used to control the traffic while swimmers are on the course.* | |
| ORGANIZATION: | In Safety Plan |
| Expected water conditions for the athletes: (marine life, tides, currents, underwater hazards) | |
| How is the course marked?  Turn buoy height Color  Intermediate buoy height Color  Starting Location: On Beach In Water Alternate Location:  Finish Location: On Beach In water Alternate Location: | |

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| MEDICAL Personnel (also include in meet information and Safety Plan |
| Name of lead medical personnel (emergency trained) on site : |
| Circle One: M.D. D.O. EMT-P EMT NP PA |
| Experience in extreme events (Marathon, Triathlon, etc)(Recommended): Yes No |

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| **FEEDING STATIONS (to be included in Meet Information)** |

Attach a Google Earth Map (or equivalent) of race course. Indicate on the map the locations of the start/finish, turn buoys, intermediate buoys, all safety craft, Lifeguard/First Responders, onsite medical care, feeding stations, etc.

**MEDICAL Information (should be included in Meet Information)**

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| **FIRST RESPONDERS/LIFEGUARDS (Include in Safety Plan)** |

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| **AMBULANCE/EMERGENCY TRANSPORTATION** |

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| **ON SITE MEDICAL CARE (Include in Safety Plan)** |
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| **MEDICAL FACILITIES (Include in Meet Information and Safety Plan)** |

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| **WATER CRAFT** |

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| **ATHLETE ACCOUNTABILITY (Safety Plan)** Procedure for accountability of all athletes: |

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| **WARM-UP/WARM-DOWN PLAN (Meet Information)** |

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| **COMMUNICATIONS (Safety Plan)** |

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| **SAFETY PLAN:** |
| Maximum number of swimmers on course at a time: |
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| **SEVERE WEATHER PLAN (Include in Meet information and Safety Plan)** |
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**\*\*\*\*Please attach Safety Plan, which will include:**

**Meet Director Contact information:**

**Name –**

**Cell Phone Number –**

**Email –**

**Website Link -**

**Date of Race -**

**\*\*\*Attach the meet information\*\*\***

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| **LSC APPROVAL (To be completed prior to submitting to Open Water Application Approver)** | | | |
| This application has been reviewed by the LSC and is in compliance with LSC rules and regulations. | | | |
| Signed: | | | Date: |
| Name: | Title: | E-mail: | |
| Address: | | | |
| City: | State: | Zip: | |

* **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - Applicant Do Not Write Below This Line - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**A list of approvers can be located on the USA Swimming website under Member resources – Open Water.**

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| **TO BE COMPLETED BY OPEN WATER Application Approver** | | | |
| Approved: No Yes | | | |
| Signed: | | | Date: |
| Name: | Title: | E-mail: | |

**\*\*\*\*\* Open Water Application Approver please send last page to USA Swimming: \*\*\*\*\***

**Bryce Elser = belser@usaswimming.org**

**Annie White = awhite@usaswimming.org**