**South Dakota Swimming**

**Meet Sanction Application & Statement of Awards**

|  |  |
| --- | --- |
| The following team |   |
| Hereby applies for a USA Swimming sanction to hold a meet(s) on the |
| Date of |  | Located at |  |
| Date of |  | Located at |  |

The Sanction Fees are $25.00 per meet, which includes any timed trials during the same meet. This is for any hosted meets that include entry fees.

All Checks are to be made payable to SD Swimming, Inc.

* A Meet Reconciliation Report must be emailed by Monday prior to the meet, to verify that all swimmers have a current USA Swimming registration, to the Membership/Registration Coordinator, Kelly Schott (registration@sdswimming.org).
* A Post-Meet Reconciliation Report must be submitted within 1 week after the meet, to the Membership/Registration Coordinator or a fine of $50.00 will be imposed.

Furthermore, in accordance with USA Swimming Rule 202.4.8:

*“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.”*

Please send the check, copy of the complete meet announcement, and this sanction form to the LSC Sanction Chairperson: Paula Huizenga

509 N. Grand

Pierre, SD 57501

SD-LSCSanctions@hotmail.com 605-224-9884

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Club Representative Position

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person |  | Phone Number |  |
| Email Address |  |  |  |

A meet Sanction number will be assigned once everything has been approved. A signed copy will be sent to the contact person for the club records.

This application has been approved and issued with the following Sanction number:

#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meet Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meet Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LSC Sanction Coordinator

STATEMENT OF THE NATURE AND VALUE OF PRIZES AWARDED AT SWIM MEETS (202.4.9)

In conforming to the USA Swimming Rules, 202.4.9 A, all teams seeking a sanction must include a statement of the nature and the value of prizes awarded. This form must be signed and dated below.

1. **Individual Events:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of awards to be given out: | Medals | Ribbons | Trophies | None |
| Circle all that apply | Other, explain:  |  |
| Awards Value per each: |  |  |
|  |  |  |

1. **Relay Events:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of awards to be given out: | Medals | Ribbons | Trophies | None |
| Circle all that apply | Other, explain:  |  |
| Awards Value per each: |  |  |
|  |  |  |

1. **High Point Events:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of awards to be given out: | Medals | Ribbons | Trophies | None |
| Circle all that apply | Other, explain:  |  |
| Awards Value per each: |  |  |
|  |  |  |

1. **Team Awards:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of awards to be given out: | Medals | Ribbons | Trophies | None |
| Circle all that apply | Other, explain:  |  |
| Awards Value per each: |  |  |
|  |  |  |

1. **Other Awards:** pleaseexplain

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In seeking our sanction, (insert team name here) will be giving out these awards at the swim meet on (insert day or days of swim meet). The meet director must sign the form below.

Name of Club Representative: Date:

Signature of Above Rep:

Club Representative Position on Team: