KENTUCKY SWIMMING INC.

MEET APPROVAL APPLICATION

**APPROVED MEETS** –There are no requirements for USA Swimming athlete membership for meet participation.

* Approvals may be issued to non-member clubs/organizations for meets conducted in accordance with USA Swimming technical rules, including those requirements stipulated under the Timing Rules section of the Technical Rules portion of USA swimming Rules and Regulations.
* Approvals may be issued to member clubs for closed competition (such as YMCAs) conducted in accordance with USA Swimming technical rules.
* Approvals may be issued to member clubs for open competition conducted in accordance with USA Swimming technical rules if that competition has been specifically approved by the USA Swimming Program Operations Vice Chair or designee(s).
* Insurance for members is in place and times still are valid, but non-members have no insurance and their times are not maintained by the USA Swimming national database.

Meet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meet Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meet Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsoring Club or Organizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address City State Zip

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| --- | --- | --- | --- |
| Meet Director (MD) |  | Referee |  |
| MD Phone # |  | Referee |  |
| MD Email |  | Starter |  |
| MD Address |  | Stroke & Turn |  |
| MD City, State, Zip |  | Stroke & Turn |  |
| Referee |  | First Aid: |  |

Attach one copy of meet information which must include a list of events and nature of prizes to be awarded.

**The following clause must appear on all forms:**

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

As authorized agent, I apply on behalf of the above-named organization for an approval to hold a swim meet. As a condition of obtaining such an approval, the above organization and I agree to abide and govern this meet according to the rules and regulations of KY Swimming, Inc. and USA Swimming.

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Organization Representative Date

Mail complete copy of meet information and approval application to along with a check for $150 to:

Post meet - email meet results and backup file to:

[kyswim@kylsc.org](file:///C%3A%5CUsers%5CKY%20Swim%5CDocuments%5CSwim%20Meets%5Ckyswim%40kylsc.org)