**YMCA Sanctioned Meet Declaration Form**

(Return signed form to the meet director)

**Participating YMCA**:[YMCA\_NAME]

**YMCA Address:** [YMCA\_ADDRESS]

**Meet Name**: [MEET\_NAME]

**Meet Date(s):** [MEET\_START] - [MEET\_END]

**Meet Host:** [MEET\_HOST\_ORGANIZATION]

**Meet Location:** [MEET\_LOCATION]

-------------------------------------------------------------------------------------------------------------

We the undersigned attest to the following:

**SWIMMERS** - All swimmers representing the YMCA above are full privilege members of the YMCA and meet all eligibility requirements. All swimmers age 18 and older have completed Child/Athlete Protection Training within the past 12 months.

**COACHES** - All coaches representing the YMCA above hold current certifications in BLS (Professional Rescuer CPR), First Aid, Safety Training for Swim Coaches, Child/Athlete Protection Training and Principles of YMCA Competitive Swimming and Diving and have completed the annual YMCA coach registration online.

**INSURANCE** - Our Association now has insurance coverage for representative(s) including leadership and participants who will be in attendance at the [MEET\_NAME] for the entire period of the meet. I hereby certify that YMCA has a minimum of $1,000,000/$2,000,000 in liability insurance that covers our coaches and swimmers during their participation in the [MEET\_NAME].

**RELEASE** - In consideration of your accepting this entry, I hereby, for myself, heirs, executor and administrators, waive and release any and all right and claim for damages I may have against the YMCA of the USA, [MEET\_HOST\_ORGANIZATION], their agents, representatives or assigns, and the [MEET\_LOCATION] for any and all injuries which may be suffered by participants at the [MEET\_NAME].  Furthermore we understand that the YMCA of the USA and [MEET\_HOST\_ORGANIZATION] are not responsible for any intended or unintended consequences related to removing an athlete from competition for a head injury. This includes, but is not limited to, any financial reimbursement associated with such removal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name and Signature of Head Coach

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name and Signature of YMCA Executive Director or Designee