

**ILLINI YMCA DISTRICT CHAMPIONSHIP**

**Host: Springfield YMCA Swim Team**

**March 4-5, 2017**

**YMCA Sanctioned Championship Meet Declaration Form**

(Return signed form to the meet director)

**Participating YMCA:**

**YMCA Address:**

**Meet Name:** 2017 Illini YMCA District Championship

**Meet Dates:** March 3-4, 2017

**Meet Host:** Springfield YMCA Swim Team

**Meet Location:** YMCA of Springfield, IL—Gus and Flora Kerasotes Branch

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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.

**COACHES** - All coaches representing the YMCA above hold current certifications in CPR Pro, First Aid, Coaches Safety 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 Illini YMCA District Championship for the period of travel from our Association to the meet, during the entire period of the meet and return to our Association. 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 travel to and from and during their participation in the Illini YMCA District Championship.

**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, Springfield YMCA Swim Team, their agents, representatives or assigns, and the YMCA of Springfield, IL for any and all injuries which may be suffered by participants at the Illini YMCA District Championship. Furthermore we understand that the YMCA of the USA and Springfield YMCA Swim Team 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.

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**Name and Signature of Head Coach**

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**Name and Signature of YMCA Executive Director or Designee**