APPENDIX 3: YMCA Sanctioned Meet Declaration Form

***(Note:** Return signed Declaration form to the entry chair by February 19th)*

Participating YMCA: _____

YMCA Address: _____

Meet Name: _2025 Illini District Swimming Championships_____

Meet Date(s): _March 1-2, 2025_____

Meet Host: _YMCA of Springfield_____

Meet Location: _Gus & Flora Kerasotes YMCA_____

We the undersigned attest to the following:

SWIMMERS - All swimmers representing the YMCA above are full privileged 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 **2025 Illini District Swimming Championships** for the 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 **2025 Illini District Swimming Championships.**

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, **Illinois YMCA Swimming** their agents, representatives or assigns, and the **YMCA of Springfield** for any and all injuries which may be suffered by participants at the **2025 Illini District Swimming Championships.** Furthermore, we understand that the YMCA of the USA and **Illinois YMCA Swimming** 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

Illini District Swimming Championships
March 1-2, 2025

Waiver & Summary Entry Form (Entries will not be accepted without waiver form)

In consideration of the acceptance of this entry, I/we hereby, for myself/ourselves, my/our/theirs, administrators and assignees, waive and release any and all claims against YMCA of Springfield, IL Swimming, USA Swimming, and their staffs for injuries and/or expenses incurred by me/us at this meet, or while on the road, to and from this meet. I/We are bona fide amateur athletes and eligible to compete in all events I/we have entered.

Complete this form and mail it with entry forms, and fee payment to:

Springfield YMCA
c/o Alex Totura
4550 W. Iles Ave
Springfield, IL 62711

SUMMARY OF FEES

Total Individual Events		X	$3.00 Per Event	=	$
Total Relay Events		X	$8.00 Per Event	=	$
Number Of Swimmers Entered in the Meet Including Relay Only Swimmers		X	$6.00 Surcharge	=	$
			Total Amount Due	=	$

Make checks payable to: **Springfield YMCA**

CLUB NAME: _____CLUB CODE_____

Head Coach: _____

Asst. Coaches: _____ _____

_____ _____

Mailing Address:
Name_____

Address_____

City, State, Zip_____

Home Phone: _____

Work Phone: _____

Signed_____

Entry forms must be received no later than Friday February 24, 2025