

Illini District Swimming Championships February 24-25, 2024

APPENDIX 3: YMCA SANCTIONED **MEET D**ECLARATION FORM

(Note: Return signed D	Declaration form to the entry chair by February 19th)
Participating YMC	CA :
YMCA Address:	
Meet Name:	_2024 Illini District Swimming Championships
Meet Date(s):	_February 24-25, 2024
Meet Host:	_YMCA of Springfield
Meet Location:	_Gus & Flora Kerasotes YMCA
We the undersigned att	est to the following:
	mers representing the YMCA above are full privileged members of the YMCA and rements. All swimmers age 18 and older have completed Child/Athlete Protection 12 months.
Rescuer CPR), First Aid	s representing the YMCA above hold current certifications in BLS (Professional, Safety Training for Swim Coaches, Child/Athlete Protection Training and Principles wimming and Diving and have completed the annual YMCA coach registration
participants who will be period of the meet. I he	ociation now has insurance coverage for representative(s) including leadership and in attendance at the 2024 Illini District Swimming Championships for the ereby certify that YMCA has a minimum of \$1,000,000/\$2,000,000 in liability ur coaches and swimmers during their participation in the 2024 Illini District ships.
administrators, waive a the USA, Illinois YMC Springfield for any and Swimming Champion Swimming are not res	ation of your accepting this entry, I hereby, for myself, heirs, executor and nd release any and all right and claim for damages I may have against the YMCA of A Swimming their agents, representatives or assigns, and the YMCA of d all injuries which may be suffered by participants at the 2024 Illini District ships. Furthermore, we understand that the YMCA of the USA and Illinois YMCA ponsible for any intended or unintended consequences related to removing an in for a head injury. This includes, but is not limited to, any financial ted with such removal.
Name and Signatur	e of Head Coach
Name and Signatur	e of YMCA Executive Director or Designee