



Illini District Swimming Championships February 26-27, 2022

APPENDIX 3: YMCA SANCTIONED MEET DECLARATION FORM

(**Note:** Return signed Declaration form to the entry chair by **February 21st**)

Participating YMCA: _____

YMCA Address: _____

Meet Name: _____

Meet Date(s): _____

Meet Host: _____

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 the eligibility requirements.

COACHES - All coaches representing the YMCA above hold current certifications in CPR, First Aid, Coaches Safety Training and Principles of YMCA Competitive Swimming and Diving.

INSURANCE - Our Association now has insurance coverage for representative(s) including leadership and participants who will be in attendance at the **2022 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 **2022 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 **2022 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



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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	\$5.00 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 25, 2022