COACH AUTHORIZATION

This procedure has been established to provide for the safety of all participants and to insure that certified coaches are present. Please return this completed and signed form to the Iowa YMCA Executive Committee and the Host Team if your swimmers will be represented by another coach. The representing coach needs to bring the signed forms to the Meet.

YMCA Name: _____

YMCA Address: _____

To Whom It May Concern: The YMCA Name_____swim team does not have a coach present. We have requested that _____, coach of the _____ YMCA represents our participants on the deck.

Executive Director and Date:_____

YMCA Name: _____

Representing YMCA Coach

I agree to represent YMCA Name:_____participants at the _____ meet. I will be present during their events and see that they are supervised only while on deck. This procedure involves safety considerations. I will represent the swimmer(s) at the Coaches Meetings and on deck. In the event of injury, I assume responsibility for administering immediate first aid and determining if an emergency squad is needed and if further treatment is warranted.

Certified Coach and Date: _____

YMCA Name :_____