IOWA YMCA SWIMMING – MEET ELIGIBILITY WAIVER

Meet Name: _____ Meet Start Date: _____

Athlete Name: _____ Athlete DOB: _____

YMCA Association or Branch Name: _____

YMCA CEO or Executive Director Name: _____

Coach Name: _____ Email: _____ Phone: `_____

Meet Eligibility Standard(s) for which waiver is requested (check all that apply):

☐ YMCA Membership Duration ☐ Y Meet Participation ☐ 90 Day Y Representation

☐ Other: _____

Justification for waiver (include all circumstances with detail):

Additional efforts made to satisfy the requirements:

As a registered and certified YMCA coach representing the above named YMCA, I attest that all information included in this waiver request is true and accurate and that all reasonable attempts have been made for this athlete to satisfy the meet eligibility requirements.

Signed: _____ Name Printed: _____ Date: _____