

## YMCA NATIONAL DIVING CHAMPIONSHIP COACH AUTHORIZATION

This procedure has been established to provide for the safety of all participants and to ensure that certified coaches are present with all athletes at the meet. Please complete this form if your team is to be represented by another coach for part or all of the meet. The representing coach needs to bring the signed form to Check-In. Do not send this form to the Meet Director.

YMCA Association #:	
YMCA_NAME:	
YMCA_ADDRESS:	
The [YMCA NAME]:	, coach of
the our participants on the pool deck on the followi	[YMCA NAME] diving team, to represent and supervise ng dates:
(CEO / Executive Director and Date)	
YMCA NUMBER:	
YMCA NAME:	

**Representing YMCA Coach** 

I agree to represent [YMCA NAME]: \_\_\_\_\_\_\_\_\_ participants at the 2024 YMCA NATIONAL DIVING CHAMPIONSHIP MEET. I will be present during their events and see that they are supervised while on deck. This procedure involves safety considerations. In the event of injury, I will assume responsibility for administering immediate first aid and determining if an emergency squad is needed if further treatment is warranted.

(Certified Coach and date)

(YMCA Name and YMCA Association #:)