

SOUTH TEXAS SWIMMING, Inc. 031409

APPLICATION FOR SANCTION or APPROVAL

I, _____, apply on behalf of _____
(Name of responsible individual) (Name of Club)

For a Sanction or Approval to host a swimming competition at:

_____ in _____
(Venue) (City)

On the _____ of _____, _____
(Days) (Month) (Year)

The name of the meet will be: _____

Type of meet: Unclassified Closed With cuts STAGS JOs Sr.Champs TAGS "Q" Other

The following individuals MUST be *current* members of USA Swimming:

Position	Name	Phone w/AC	E-mail
Meet Director:			
Meet Referee:*			
Deck Official:*			
Deck Official:*			
Head Coach**			

* In accordance with USA Swimming Rule 102.12, a *minimum* of three certified officials are required to conduct a Sanctioned or Approved Meet. Therefore, Meet Hosts are required to commit to that requirement as a condition of the Sanction or Approval.

** *Each* of the designated Head Coaches' Certifications (CPR, First Aid, Safety) must be current as of the start date of this meet and must be verifiable via SWIMS or no Sanction or Approval can be issued.

- A Final Draft of the Meet Information and a completed STSI Sanction / Approval Checklist are attached. The sanction number, when granted, must then be included in the Meet Information. The \$_____ Sanction / Approval fee (See Part One, Section III on page two of the STSI Sanction / Approval Policies and Procedures approved by the Executive Board 08/10/09) is to be sent to the South Texas Swimming Executive Secretary at the address noted below. Please include your check or P.O. number in the space allotted.

- As a condition of obtaining a Sanction or Approval I, and the organization I represent, agree to abide and govern this event under the Rules and Regulations of USA Swimming, Inc., South Texas Swimming, Inc., and all other terms and conditions upon which this Sanction or Approval may be granted.

- These terms specifically include all local rules and regulations and those set forth in the USA-S code 202.2.7, which provides that USA-S, Inc., and STSI, shall be held free and harmless from all liabilities or claims for damage arising by reason of injuries to anyone during the conduct of this event.

Return Sanction or Approval number to: _____ Phone: _____

Address _____ City _____ Zip + 4: _____

E-mail Address: _____ Date submitted: _____

Digital or Written Signatures:* _____ Check or P. O. number: _____

_____ **OR** _____
Club President Club Representative

***If you do not have digital signatures, please contact the Sanctions Chair!**

PLEASE MAIL CHECK or P. O. TO:
Executive Secretary., South Texas Swimming
P. O. Box #781383
San Antonio, TX 78278-1383

PLEASE SUBMIT the APPLICATION, etc. to:
South Texas Swimming Sanctions
2030 Oak Mist
San Antonio, TX 78232-5473