



# USA Swimming Southern California Swimming Sanction/Approval Application



Date \_\_\_\_\_

I, \_\_\_\_\_, apply on behalf of \_\_\_\_\_  
*Applicant Name* *Organization (Club)*

for a Sanction/Approval to hold a swimming competition, exhibition or clinic titled \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_  
*Location*

on the \_\_\_\_\_ day(s) of \_\_\_\_\_, 20\_\_\_\_.  
*Date* *Month* *Year*

Our sanction fee\* of \$ \_\_\_\_\_, a copy of the event information and event entry form are attached.

**\*Fees:** Dual or Tri Meet - \$10    Committee or SCS Meet - \$25    Senior Invitational - \$100

Also included is a complete schedule of lanes and times for all warm-up procedures which must be adhered to by all participants.

As a condition of obtaining such a sanction, I and the above organization, which I represent agree to abide by and govern this event under the rules and regulations of USA Swimming, Inc. and Southern California Swimming, Inc., and all other terms and conditions upon which this sanction may be granted. These terms specifically include all local rules and regulations and those set forth in Article 202 of the current edition of USA Swimming Rules and Regulations, specific reference to 202.2.6 thereof which provides that:

In granting this sanction it is understood and agreed that the Corporation shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.

**Officials:** Officials for this event shall be qualified persons certified by USA Swimming, Inc. and Southern California Swimming, Inc., and a list of such officials will be submitted one week prior to the above event if requested.

Signed: \_\_\_\_\_  
*Club President* *Date*

Signed: \_\_\_\_\_  
*Club Representative* *Date*

Return Sanction to: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail Application to:  
 Southern California Swimming  
 PO Box 30530  
 Santa Barbara, CA 93130-0530

----- Applicant Do Not Write Below This Line -----

### Committee Use Only

Committee Rules/Conditions Met:  Yes  No    Committee Chairman/Rep: \_\_\_\_\_

----- SCS Use Only -----

Approved:  Yes  No    Sanction #: \_\_\_\_\_

Issued: \_\_\_\_\_ 20 \_\_\_\_    Signed: \_\_\_\_\_