

# Metropolitan Swimming Application for Sanction

[Please print or type all information]

Date \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_, apply on behalf of \_\_\_\_\_ for a sanction  
Club Representative Name of Organization

to hold a swimming competition / an exhibition / a Swim-a-Thon / a clinic / Time Trials at \_\_\_\_\_  
(circle one) Location

on \_\_\_\_\_, \_\_\_\_\_. A copy of the event information and the event entry form are included.  
Date(s)

**Check list of items required in Meet Information:** (Sanction will not be granted unless all of the following have been complied with) - See Swim Meet Bid Procedure for all required guidelines.

\_\_\_\_\_ If meet includes a "Metro Distance session/sessions", it must have been stated at the "Bid Meeting" Events must conform to Metro Distance Menu (See Swim Meet Bid Procedures)

\_\_\_\_\_ Meet Type: (check one)

\_\_\_\_\_ If **Invitational Meet** – all invited teams must be listed

\_\_\_\_\_ If **Non- Invitational** – Metro Teams must be given preference. Entry due dates of Metro Preference and later entry due date for all other teams must be clearly stated.

\_\_\_\_\_ Warm up times and start times for each session must be clearly stated: "NOT SOONER THAN" **is not permitted**

\_\_\_\_\_ This statement is included: "*Swimmers with disabilities are encouraged to attend. Contact the meet director if you need special consideration. The athlete (or the athlete's coach) is also responsible for notifying the meet referee of any disability prior to the competition.*"

\_\_\_\_\_ This statement is included: "*It is understood that USA Swimming, Inc and Metropolitan Swimming, Inc shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event*"

\_\_\_\_\_ Certified Metro Meet director must be listed on the meet information along with e-mail and phone number contact. Meet Director must have attended a clinic within the past three years, and be listed on the Administration list in the Officials Data base on the Metro Web Site.

\_\_\_\_\_ Meet Referee has been listed along with contact information for attending Officials to contact. Officials for the meet MUST be qualified persons as certified by Metropolitan Swimming Inc. and USA Swimming,

\_\_\_\_\_ Meet information must state whether the pool (Circle one) **has or has not** been certified in accordance with Article 104.2.2C (4)

\_\_\_\_\_ USA 2011 - 202.3.7 "The meet announcement shall include information about water depth measured for a distance of 3 feet 3½ inches (1.0 meter) to 16 feet 5 inches (5.0 meters) from both end walls."

\_\_\_\_\_ This statement is included: "*Use of Audio or visual recording devices, including a cell phone, is not permitted in changing areas, rest rooms or locker rooms*" - 202.3. and 202.4. (effective January 1, 2012)

\_\_\_\_\_ Sanction Fee of \$25 per session (except one that is exclusively a Metro Distance Session) must be included with this application. Checks/ Check requests should be made payable to "Metropolitan Swimming Inc"

\_\_\_\_\_ A separate **Distance Session sanction #** is required for all meets that use one of their sessions as a Distance Session.

\_\_\_\_\_ **Time trials** will have a \$25 sanction fee if the host team charges a fee for time trials.

\_\_\_\_\_ Number of Sessions: \_\_\_\_\_ x \$25 = \_\_\_\_\_ minus \$ \_\_\_\_\_ paid at bid meeting = Amount due \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Name on Card \_\_\_\_\_ exp. date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

# Metropolitan Swimming Application for Sanction (continued)

As a condition of obtaining such 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 Metropolitan Swimming Inc., and all other terms and conditions upon which this sanction may be granted. These terms specifically include all local rules and policies as stated in *Metropolitan Swimming Guidelines* and those set forth in Section 202.2.7 of the current edition of the *USA Swimming Rules and Regulations*.

Signed: _____ / ____ / ____	Signed: _____ / ____ / ____
CLUB PRESIDENT	CLUB REPRESENTATIVE
_____ President Name	_____ Meet Referee Name
_____ Meet Director Name	_____ Meet Referee Name
_____ e-mail	_____ e-mail
_____ Meet Director Phone #	_____ Date of Meet director Clinic attended

## SEND APPROVED SANCTION TO:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Mail Application to :	<b>Include the following with application:</b>
Metropolitan Swimming 99 Sheep Pasture Rd Port Jefferson, NY 11777	A copy of the event information A copy of the event entry form Sanction fees: <i>MUST be sent with this application</i>

For LSC Use Only

Not Approved    Date Returned to Club \_\_\_\_\_

Date Approved \_\_\_\_\_    Approved by : \_\_\_\_\_

Sanction Number: \_\_\_\_\_    Issued: \_\_\_\_\_, \_\_\_\_\_