

PACIFICSWIMMING, INC. OF USA SWIMMING, INC.
Application & Official Sanction – Camps & Competitions



I, _____, apply on behalf of _____ of Zone _____
(your name) (host club/team)
 for a sanction to hold a _____ on _____
(type of meet) (meet/camp date(s))

This completed form should be saved to your PC and emailed to: sanctions@pacswim.org.

A USA-S/PC sanction number will NOT be issued until the Head Referee and Zone Sanctions Chair have both directly sent Pacific Sanctions an electronic review / release.

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 PACIFIC SWIMMING, INC., and the following terms and conditions: Specific reference is made to Article 202 of the current edition of the USA SWIMMING CODE and particularly the requirements and conditions of Sections 202.2 and 202.3, with which we agree to comply.

IT IS UNDERSTOOD AND AGREED THAT:

1. This sanction, if granted, does not permit broadcasting by radio or television of this event without permission of PACIFIC SWIMMING, INC., and/or USA SWIMMING, INC.
2. All negotiations for the entry of any athlete shall be with his school or club or, if unattached, through the Board of Directors of PACIFIC SWIMMING, INC.
3. This sanction is not transferable.
4. USA SWIMMING, INC. and PACIFIC SWIMMING, INC., shall be held free and harmless from any and all liabilities or claims for damages arising by reason of injuries to anyone during the conduct of this event.
5. Officials for this meet should be qualified persons as certified by PACIFIC SWIMMING, INC., and/or USA SWIMMING, INC., and a list of such officials will be submitted, one week prior to the above event if requested.

RETURN THIS COMPLETED SANCTION APPLICATION TO: SANCTIONS@PACSWIM.ORG

SIGNED: _____ DATE: _____
(Authorized Representative)

===== (DO NOT WRITE BELOW THIS LINE) =====

RECOMMENDED FOR APPROVAL: _____ As Submitted _____ As Corrected

PACIFIC SWIMMING of USA SWIMMING, INC., hereby approves / denies the above application for sanction under the terms and conditions cited above.

SANCTION NO.: _____ SANCTION FEE: \$ _____ (Note the sanction fee is part of the financial report)

SIGNED: _____ DATE ISSUED: _____
 Sanctions Chairman, Pacific Swimming, Inc.

Send sanction application electronically to sanctions@pacswim.org
SANCTION FEES FOR ALL COMPETITIONS: 1 DAY = \$35 / 2 OR 3 DAYS = \$75 / 4+ DAYS = \$105
 All sanction fees will be a part of the Meet Financial Report

USA SWIMMING

Open Water Meet Application



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Before the LSC Sanction Chair is permitted to issue a sanction for an open water swimming event, approval of the meet plan must be obtained from USA Swimming. This application outlines the necessary elements of the meet plan. Completing the application does not automatically grant you approval of the meet plan. Failure to include all aspects requested in the application will automatically cause the application to be denied. The meet plan will be reviewed by a designated open water zone representative who will issue an approval or a denial within one week of receipt. If not approved, the reason(s) will be supplied so that the applicant can take the necessary remedial actions.

The following items must be submitted:

- Application for Sanction (per LSC)
- Application for Open Water Meet
- Meet Announcement
- Water Quality Certification (website references are acceptable with URL)

Submit to LSC Sanction Chair per established local rules. The Independent Safety Monitor shall be selected by the designated representative within the LSC, independent of the Local Organizing Committee. The LSC Sanction Chair is required to submit the packet and the name of the Independent Safety Monitor to the designated open water zone representative for approval. Be certain to allow for the extra time this will take (approximately 1 week). Local sanction fees apply.

INDEPENDENT SAFETY MONITOR (Selected by the LSC)	
Name of Independent Safety Monitor:	
Phone: () -	E-mail:
Qualifications (Check one): <ul style="list-style-type: none"> <input type="checkbox"/> Experienced Open Water Meet Director Please list experience: _____ <input type="checkbox"/> Experienced Open Water Referee Please list experience: _____ <input type="checkbox"/> Position in Lifeguard/Water Safety Management (prefer open water experience) Please list experience: _____ 	
Selected by (Name & Title):	
Phone: () -	E-mail:

LSC APPROVAL (To be completed prior to submitting to Open Water Zone Representative)		
This application has been reviewed by the LSC and is in compliance with LSC rules and regulations.		
Signed:		Date:
Name:	Title:	E-mail:
Address:		
City:	State:	Zip:

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BASIC INFORMATION					
Name of Host Club:					
Name of Event:					
Event Location:			Event Date:		
City:	State:	LSC:	Zone:		
Length of Race(s):					
Age Groups Participating: (circle all that apply) 10&U 11&12 13&14 15-18 Open					

KEY PERSONNEL		
Meet Director(s):		
Cell Phone: () -	Home Phone: () -	E-mail:
Meet Referee:	Phone:	E-mail:
Meet Safety Officer:	Phone:	E-mail:

WATER QUALITY
Step 1: Attach certificate (or reference URL site) with necessary information showing the site meets local governing body requirements for bathing.
Step 2: One week prior to the event, check water quality again and submit certification (or reference URL site) to the Independent Safety Monitor
Step 3: On race day, submit additional water sample for certification. If results returned are inconsistent with the local governing body's standards, notify swimmers who participated in the event of any known exposures post-race.
If an exceptional event such as heavy rain or flooding affects the water quality, the Referee, the Meet Director, or the Independent Safety Monitor shall have the authority to postpone or cancel the race.

TECHNICAL MEETING (Recommended)
Tentative date/time of recommended Technical Meeting (within 24 hrs of race, athlete and/or coach/designated coach required to attend):
Attach tentative agenda.

PRE-RACE MEETING (Required)
Tentative date/time of MANDATORY Pre-Race Safety meeting (athletes must attend to participate in race):
Attach tentative agenda.

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RACE PLAN

RACE DAY CONDITIONS	
Expected air temperature:	Expected water temperature: Minimum Allowed: 60.8°F Maximum Allowed 5K+: 87.8°F
Combined air & water temperature: (Must be between 118°F and 177.4°F)	
Type of body of water: (circle one) Ocean Lake River Other:	
Water type: (circle one) Salt water Fresh Water	Course: (circle one) Closed course (not accessible by boat) Open course
General water depth of course:	
<i>If open course, please indicate the agency used to control the traffic while swimmers are on the course.</i>	
Agency:	How to contact during event:
Expected water conditions for the athletes: (marine life, tides, currents, underwater hazards)	
How is the course marked?	
Turn buoy height: Color	
Intermediate buoy height: Color	
Starting Location: On Beach In Water Alternate Location:	
Finish Location: On Beach In water Alternate Location:	

FEEDING STATIONS
Designated area that nourishment may be passed on to athletes. It is recommended that the feeding station be a boat, series of boats, or barge.
Will you have a feeding station? Yes No (must be 5K or less)
What type of structure(s) will serve as the feeding station?
How many people can the structure(s) safely hold?

Attach a Google Earth Map (or equivalent) of race course. Indicate on the map the locations of the start/finish, turn buoys, intermediate buoys, all safety craft, Lifeguard/First Responders, onsite medical care, feeding stations, etc.

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MEET SAFETY PLAN

MEDICAL PERSONNEL	
Name of lead medical personnel (emergency trained) on site :	
Circle One: M.D. D.O. EMT-P EMT NP PA	
Experience in extreme events (Marathon, Triathlon, etc)(Recommended): Yes No	
Will medical personnel be located on the course? Yes No	
The required number of medical personnel will be dependent on the course layout, number of athletes in the water, expected conditions, etc. How many medical personnel do you plan to have on site? (minimum 4 for closed 1K loop course) _____	

FIRST RESPONDERS/LIFEGUARDS	
Indicate the qualifications of the first responders (prefer open water experience).	
ARC Lifeguards	USLA YMCA Equivalent water certified first responder _____
Number on course: _____	
Indicate their location on the Race Plan Map.	

AMBULANCE/EMERGENCY TRANSPORTATION	
MANDATORY 1 ambulance per 250 participants, with additional on-call. Number on site: _____	
Have you spoken with the local emergency response agency regarding your event and potential emergencies? Yes No	

ON SITE MEDICAL CARE
Describe the on site set up for medical care, such as medical treatment tent, heating or cooling tent or facility. Indicate the location on the Race Plan Map.

MEDICAL FACILITIES	
Name of closest medical facility:	
Type of medical facility: (eg. urgent care, hospital)	
Distance to closest medical facility:	Approximate transport time:

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WATER CRAFT
Sufficient coverage (at minimum 1 motorized safety craft, includes driver and two first aid responders) to cover the course: Number_____
List additional water craft for Officials (not counted as safety craft):
List other water craft for race supervision: (Boats, Jet Skis, Kayaks, paddle boards, etc)
List additional water craft for feeding stations (if over 5K):
List additional water craft for escorted events:
Emergency Signal Flag MANDATORY for all water craft (Boats, Jet Skis, Kayaks, paddle boards, etc): Color:_____

ATHLETE ACCOUNTABILITY
Describe method of athlete body numbering (MANDATORY):
Describe method of electronic identification of athletes (Recommended):
Describe different cap colors for the various age groups/genders? (Recommended):
Describe method of accounting for all competitors before, during and at conclusion of race(s):

WARM-UP/WARM-DOWN PLAN
Explain safety plan for warm-up/warm-down.

COMMUNICATIONS
Primary method between Meet Officials: Radio Cell Phone Megaphone Other _____
Secondary method:
Primary method for communicating between medical personnel, first responders & safety craft: Radio(separate channel/method from above) Cell Phone Megaphone Other _____
Secondary method:



SAFETY PLAN:
Maximum number of swimmers on course at a time:
If more participants show up on race day, what is the procedure for adjusting the safety plan to accommodate the increased number of entries?
How are the lifeguard staff and safety crafts distributed to supervise this event to maximize the recognition, rescue and treatment of any athlete?
How is the safety staff deployed to maximize the rapid response to a troubled athlete?
How will the event be altered if insufficient safety personnel/craft are available race day?
Missing athlete plan:



SEVERE WEATHER
Is a lightning detector or weather radio available on site?
What is the severe weather plan?
What is the site evacuation plan?

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

TO BE COMPLETED BY OPEN WATER ZONE REPRESENTATIVE		
Approved: No Yes		
Signed:		Date:
Name:	Title:	E-mail: