

REQUEST FOR APPROVAL OF SWIM MEET FORM

Please complete **all** questions below and submit **directly to your Regional Association**, not to SQ.
Approved meets will appear in the [Regional & Club Statewide Competition Calendar](#) on the SQ website.
Clubs will not be individually notified of swim meet approvals.

NAME OF MEET: _____

LENGTH OF POOL: 25m 50m **TYPE OF TIMING:** Automatic Semi-Automatic Manual

VENUE: _____ **DATE/S:** _____

COMPETITION STARTING TIME: _____ **WILL MULTI-DISABILITY EVENTS BE OFFERED?** Yes No

AGE GROUPS COMPETING: _____

MEET DESIGNATION (please refer to the [SQ Competition Framework](#) document, the [Minimum Program Requirements](#) document & the 'Notes' section at the bottom of this form to ensure you select the correct designation for your meet):

<input type="checkbox"/> Regional Championship	<input type="checkbox"/> A Grade
<input type="checkbox"/> B Grade: <input type="checkbox"/> <i>Qualifying</i> <input type="checkbox"/> <i>Non-Qualifying</i>	<input type="checkbox"/> Junior: <input type="checkbox"/> <i>Qualifying</i> <input type="checkbox"/> <i>Non-Qualifying</i>
<input type="checkbox"/> * Restricted: <input type="checkbox"/> <i>Qualifying</i> <input type="checkbox"/> <i>Non-Qualifying</i>	
*Special conditions applying to Restricted Meet: _____	

RULE TOLERANCES (please refer to [SQ Rule Tolerances Policy](#)):

1(a) If a **qualifying** meet, does the Club wish the Referee to apply rule tolerances to junior swimmers? Yes No

1(b) If 'Yes', please indicate the maximum age to which they are to be applied: _____

2(a) If a **non-qualifying meet**, does the club wish rule tolerances to also apply to swimmers 10yrs & over? Yes No

2(b) If 'Yes', please indicate the maximum age to which they are to be applied: _____

CLUB/ASSOCIATION

CONTACT DETAILS:

(Please provide contact details for inclusion in the [Regional & Club Statewide Competition Calendar](#). Where email addresses are not available, contact phone numbers will be publicised.)

HOST CLUB/ASSOCIATION: _____

CLUB/ASSOCIATION CONTACT PERSON: _____

EMAIL: _____

PHONE: _____

SIGNED: _____ **DATE:** _____

REGIONAL ASSOCIATION RECOMMENDATION:

Recommended Not Recommended **SIGNED:** _____ **DATE:** _____

SWIMMING QUEENSLAND APPROVAL (Regional Championships & A-grade meets only):

Approved Not Approved

NOTES

- i. All participating Clubs must be affiliated with SQ. All competing swimmers must be registered with SQ. Competitions involving unaffiliated clubs or unregistered swimmers will not be approved or covered by the insurance of SQ.
- ii. For the above meet to be designated as a **qualifying meet** for Swimming Queensland and Swimming Australia events, the **following minimum standards must be met:**
 - the competition must be conducted under the Rules of SQ;
 - pool length dimensions must be 25 metres or 50 metres;
 - automatic timing, semi-automatic timing, or three timekeepers per lane;
 - SQ accredited Starter and Referee appointed to the meet by the relevant Regional Association must be in attendance;
 - MM back-up of the meet must be submitted electronically to amy.hall@swimming.org.au at SQ within two days of completion of the meet.
- iii. All Regional Championships & A-Grade meets must satisfy SQ's [Minimum Program Requirements](#).
- iv. The meet must be conducted in accordance with the [Pool Depth Guidelines](#) adopted by Swimming Australia.
- v. Finish Judges are not required where there are three timekeepers per lane.