

**WESTCHESTER COUNTY SWIMMING ASSOCIATION
APPLICATION FOR PERMANENT REGISTRATION**

NAME: _____ Date: _____

ADDRESS: _____ FEMALE () MALE ()

City/Town Zip (914) PHONE DATE OF BIRTH: _____

CLUB AFFILIATION _____ HOW LONG A MEMBER? _____

Any contestant registered, changing from one member team to another must swim unattached for one season.

HOW LONG A RESIDENT OF WESTCHESTER COUNTY? _____ Contestants must be residents, actually, physically domiciled in Westchester County for a period of six (6) consecutive months prior to date of closing of entries.

Have you ever directly or indirectly received money for participating in an athletic event, meet, etc.? yes/no .The WCSA will consider the use of club facilities by swimmers and divers, without paying the same dues as ordinary members, as receiving money indirectly for representing the club. Furthermore, one who acts directly as a swimming coach is ineligible to compete. This is during the period of employment and for a period of 30 days after termination of such employment.

I hereby make application for permanent registration in the Westchester County Swimming Association and herewith enclose a transfer fee of Five dollars (\$5.00). Return application to:

WESTCHESTER COUNTY SWIMMING ASSOCIATION
WESTCHESTER COUNTY DEPT. OF PARKS, RECREATION & CONSERVATION
450 Saw Mill River Road
Ardsley, New York 10502

I certify that all statements made in this application are true.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the County of Westchester, the club or organization I represent, the Westchester County Swimming Association and its officers, and any of the organizations whose pools are used for meets sponsored by the Westchester County Swimming Association, and/or Westchester County Department of Parks, Recreation and Conservation, the Westchester County Playland Authority, their agents, representatives and assigns for any and all injuries suffered by me at and of the meets conducted by the association.

SIGNATURE: _____ SIGNATURE: _____
APPLICANT (PARENT OR GUARDIAN MUST SIGN)

**** TO BE FILLED OUT BY THE SECRETARY OR MANAGER OF A MEMBER TEAM**

THIS IS TO CERTIFY THAT _____ IS THE DAUGHTER/SON OF A DUES PAYING MEMBER in good standing and is eligible TO REPRESENT _____ IN COUNTY MEETS.

CLUB SECRETARY: _____ APPROVED BY COACH: _____

PROOF OF AGE VERIFIED AND APPROVED BY: _____ DATE: _____

CHECK ONE: BIRTH CERTIFICATE: _____ BAPTISMAL CERTIFICATE: _____ OTHER: _____