

# Westchester County Swimming Association

## Application for *Transfer* Registration

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ (914) \_\_\_\_\_  
City/Town Zip Phone

Female  Male ( )

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.

***Anyone who acts directly as a 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 Ten dollars (\$10.00). 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 above

***\*\*To be filled out by the Coach of the 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.

Approved by Coach: \_\_\_\_\_

***Note: A swimmer must swim one year unattached when changing clubs.***