

# Westchester County Swimming Association

## Application for *Unattached* Registration

### *Age of Swmmer/Diver as of First Day of Competition!*

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

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

Email: \_\_\_\_\_  Female  Male Date of Birth: \_\_\_\_\_

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.

Are you already registered with the Westchester County Swimming Association?  Yes  No  
See below for information on how to register.

**All Contestants must be registered with the Westchester County Swimming Association.** Registration requires proof of age and the registration fee of \$10.00. If the contestant is not registered, please request a registration form or download it from our website at Contestants may enter no more than **FOUR individual events including diving.**

<i>Event #</i>	<i>Name of Event</i>	<i>Best Time</i>	<i>Week Day</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The entry fee is \$10.00 per event plus the \$10.00 Registration Fee. Total Event Fee: \_\_\_\_\_

Make checks or money order payable to: Westchester County Swimming Association

**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

**\*\*\*Entry Deadline is July 15, 2019\*\*\***

If you have any question, please call 231-4586 or email WCSACounties@gmail.com.

For additional information and forms, please visit our web site at [www.westchestercounties.com](http://www.westchestercounties.com)