

# EAST BAY SWIM LEAGUE APPLICATION

TEAM: \_\_\_\_\_ FAMILY LAST NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_

Street: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Welcome to the East Bay Swim League (EBSL)! Please list, **in order of birth date**, the following information for each swimmer. **New Swimmers** must attach 1 copy of their birth certificate to the application.

First Name:	Returning <input type="checkbox"/> New <input type="checkbox"/>	Birth Date:	Age as of 6/1:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
First Name:	Returning <input type="checkbox"/> New <input type="checkbox"/>	Birth Date:	Age as of 6/1:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
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## PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Has any swimmer participated in a USS competitive swim program in the past *24 consecutive months, counting back from December 31<sup>st</sup>*? If your answer is YES, please provide a complete listing of all competitive swim teams you have participated in using the table below. Also, if the answer is YES, please see the team registrar or President.

Check One:    **YES**        **NO**

2. Has any swimmer participated in ANY competitive swim program (excluding scholastic programs) from 1/1 to 3/31 of this year? If the **answer is YES, stop and read the attached eligibility rules**. YOU ARE INELIGIBLE TO SWIM IN THE EBSL.

Check One:    **YES**        **NO**

3. Has any swimmer participated in a stroke and turn clinic during the months of January, February, and/or March of this year? If YES, please complete the table below. If the swimmer participated in more than 15 total hours per month, he/she is ineligible to swim in the EBSL.

Check One:    **YES**        **NO**

Swimmer's Name	Clinic Name	List Total # of Hours and Dates

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4. **ONLY NEW swimmers 18 years old need to fill in:** If the swimmer is 18 years old, prior EBSL experience **MUST** be listed. If swimmer does not have any prior EBSL experience, he/she is ineligible to swim in the EBSL.

Swimmer's Name	Team Name	Dates of Participation

**Before submitting this application, please read the “Swimmer Eligibility” rules below. By signing this application, you are verifying that all information is true and correct. Please be sure that you understand the penalties of submitting an application with false information.**

### East Bay Swim League Rules & Regulations

#### Rule 3 (Team Personnel “Swimmer’s Eligibility”), Section 2 (Revised 12/00)

Article 4: Any swimmer is eligible to apply for participation in the EBSL season provided that the swimmer does not participate in any Organized Swim Program (excluding scholastic programs and those permitted under article 6 of the rule) from January 1 through March 31 of the same year. An EBSL swimmer shall not participate in any other Organized Swim Program (excluding scholastic programs) from April 1 to the end of the EBSL season.

Article 5: A swimmer with 24 consecutive months USS experience immediately prior to January 1 shall not be eligible to swim for the EBSL.

Article 6: Swimmers may swim in instructional/conditioning swim classes (limited to swim lessons and stroke/turn clinics, not part of a competitive swim team) during the months of January, February, and March not to exceed a total of 15 hours per month total water time during this period.

#### PENALTIES

1. For an individual submitting a false League application affecting eligibility: disqualification for the season.
2. For an individual swimming without a League application on file: disqualification for the meet(s) in which the swimmer has participated.

Swimmer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If you are 18 or your team requires a swimmer signature)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of New Swimmer’s Birth Certificate

\_\_\_\_\_  
 Team President Signature

\_\_\_\_\_  
 Date

**NEW SWIMMERS MUST ATTACH 1 COPY OF THEIR BIRTH CERTIFICATE TO THE EBSL APPLICATION**