



SWIMMING APPLICATION



Founded 1934

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(Please See Reverse Side for Instructions and Rules Before Completing This Application.)

Application must be mailed to:
MICHAEL SCHUELKE
1171 Park Village Drive
Neenah, WI 54956
920-450-3614 (cell)
mikeschuelke13@gmail.com

The deadline for consideration
during the current year is:
MAY 31

- Yards Meters
- Public School* Independent*
- Male Female

*see back for definitions

TIME: _____

- | | | | |
|--|---|--|---|
| 1. <input type="checkbox"/> 200 MEDLEY RELAY | 4. <input type="checkbox"/> 50 FREE | 7. <input type="checkbox"/> 500 FREE | 10. <input type="checkbox"/> 100 BREAST |
| 2. <input type="checkbox"/> 200 FREE | 5. <input type="checkbox"/> 100 BUTTERFLY | 8. <input type="checkbox"/> 200 FREE RELAY | 11. <input type="checkbox"/> 400 FREE RELAY |
| 3. <input type="checkbox"/> 200 IM | 6. <input type="checkbox"/> 100 FREE | 9. <input type="checkbox"/> 100 BACK | 12. <input type="checkbox"/> 400 FREE (meters only) |

INDIVIDUAL EVENT

Name of Contestant
LAST: _____ FIRST: _____

Address of Contestant
NUMBER: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Phone # of Contestant
AREA: _____ NUMBER: _____ Year in School
Must be at least 9th Grade ____09 ____10 ____11 ____12

Name of Coach
LAST: _____ FIRST: _____

Address of Coach
NUMBER: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Phone # of Coach (home)
AREA: _____ NUMBER: _____ NISCA Member ____Yes ____No NISCA # _____

Name of School
AS YOU WOULD LIKE IT TO BE PRINTED ON THE PLAQUE

Address of School
NUMBER: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Phone # of School
AREA: _____ NUMBER: _____

Name of Pool
STATE: _____

Type of Meet ____Dual ____State ____Other (Specify) _____
Date of Application _____ Date of Meet _____

RELAY CONTESTANTS

1. LAST: _____ FIRST: _____ Year in School: _____

2. LAST: _____ FIRST: _____ Year in School: _____

3. LAST: _____ FIRST: _____ Year in School: _____

4. LAST: _____ FIRST: _____ Year in School: _____

The undersigned officials attest to the correctness of this form.

Meet Manager _____ Meet Referee _____

NATIONAL INTERSCHOLASTIC SWIMMING COACHES ASSOCIATION OF AMERICA, INC.

RULES, REGULATIONS AND PROCEDURES FOR BOYS AND GIRLS NISCA

Interscholastic National Record

1. In order for a swimmer to be considered for a NISCA High School Record, he/she must compete for an interscholastic team, and be scholastically eligible as determined by his/her state athletic association or school authority. All applicants must be in at least the 9th grade level of school to be eligible. Swimmers are limited to 8 consecutive semesters of eligibility. (No fifth year swimmers.)
2. Definitions of Schools:
PUBLIC SCHOOL: A school that is supported by state and local taxes.
INDEPENDENT SCHOOL: A school that is not supported by state and local taxes. This school charges tuition for students to attend.
3. All times submitted must be done in a regularly scheduled interscholastic meet. USS OR YMCA MEET TIMES WILL NOT BE CONSIDERED. No time achieved after the official state association championship meet will be accepted.
4. All times must be submitted to the one-hundredth of a second. Automatic timing ONLY - manual (stopwatch) times are NOT acceptable. Official meet results OR A LINK TO POSTED OFFICIAL MEET RESULTS must also accompany the application.
5. Only 25 yard or 25 meter times will be accepted. NO CONVERSION TIMES ACCEPTED.
6. Only interscholastic coaches or school principals may submit applications. Coaches do not have to belong to NISCA to submit applications.
7. Applications should be sent to the Record Chairperson within 30 days following the performance. The absolute deadline to be listed in the All-America book and to receive recognition as the national record holder is May 31. Late applications will be considered the following year.
8. Application blanks may be duplicated, or write the NISCA Records Chairperson for additional applications.
9. If you wish verification of receipt of the application, please send registered mail.
10. A swimmer may be listed in as many events as his/her times qualify. ONLY ONE EVENT MAY BE LISTED FOR EACH APPLICATION.
11. Relay teams are limited to four swimmers.
12. Make a copy of your application for your records and to be used in event your application is lost through the postal service.

All applications must be postmarked no later than May 31.

National Interscholastic Swimming Coaches Association

MEASUREMENT CERTIFICATION OF PERMANENT RACING COURSE

City and State in which pool is located: _____

Name of Pool Owner or Operator: _____

Mailing Address: _____

City, State, Zip: _____

Pool Name: _____

Pool Address (if different from above): _____

City, State, Zip: _____

NATIONAL RECORD CERTIFICATION REQUIREMENTS

- Rule 1 Measurement must be made by a currently accredited (licensed, certified, or registered) surveyor or engineer who, at the time of the measurement, was not in the employ of the pool builder. The exact length of the course, measured by a steel tape or other acceptable measuring device (e.g., laser) in feet and inches and fractions of an inch, or in meters and centimeters, must be attested to by an accredited surveyor or engineer.
- Rule 2 Measurements must be taken for each competitive lane of the pool to be certified.
- Rule 3 When automatic officiating equipment touch pads are used at one or both ends, the course shall be of such length that ensures the required distance between the two touch pads or between a single pad and the opposite end of the course. Measurements are to be taken with touchpads in place for the competition configuration during the session where the time was achieved.
- Rule 4 The required distance is the nominal distance (25.0 yards/meters) with a positive dimensional tolerance as noted below. Any distance less than the nominal distance or greater than the nominal distance plus the positive dimensional tolerance is not acceptable.
- Rule 5 For racing courses with moveable bulkheads: Where a moveable bulkhead is used, course measurement of each lane (as described above) must be confirmed at the conclusion of the session during which the time was achieved.
- NOTE 1 If two or more racing courses are offered in the same pool (i.e., 25/50m x 25y), a separate form for each course must be filed.
- NOTE 2 Dimensional Tolerance: Against the required length, a tolerance of plus (+) 0.03 meters (1 and 3/16ths of an inch) in a vertical plane extending 0.3 meters (12 inches) above (but not to exceed the vertical termination of the end wall above the water surface, such as at a gutter lip or deck surface) and 0.8 meters (2 feet, 7 and 1/2 inches) below the surface of the water at all points of both end walls.

MEASUREMENTS (ANSWER ALL QUESTIONS)

This is a: _____ 25-yard pool (or) _____ 25-meter pool. The pool is: _____ indoors (or) _____ outdoors.

The racing configuration is with touch pads at: _____ one end; _____ both ends; _____ without touch pads.

	LANE 1	LANE 2	LANE 3	LANE 4	LANE 5	LANE 6	LANE 7	LANE 8
YARDS	_____	_____	_____	_____	_____	_____	_____	_____
METERS	_____	_____	_____	_____	_____	_____	_____	_____

WATER DEPTH
(in feet)

At starting end _____; at turning end _____; at course center _____.

In my opinion, the provisions of NISCA Rules 1 through 5 as outlined on the previous page have been complied with in subject pool, with exceptions as follows.

Measurements were made on _____, 20_____, at _____ (am/pm) under normal competitive temperature conditions and to an accuracy of at least .01 feet (1/8 inch or 3.00 mm).

At the time of measurement, I was not in the employ of the pool builder.

The following equipment was used for measurements.

Signed: _____

Check one:

Title/Degree: _____

____ Registered Surveyor

Address: _____

____ Registered Engineer

City, State, Zip: _____

Telephone: (____) _____

License # _____

in (state) _____

.....
STATE OF _____, COUNTY OF _____

Before me, a Notary Public in and for such County, personally appeared _____, a Registered _____, for the State of _____ and

signed the above statement. In witness thereof, I have hereunto subscribed my name and affixed my Official Seal, at (city) _____, (state) _____

the _____ day of _____, 20_____.

Notary Public

My commission expires: _____

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Mail this completed form to:

NISCA RECORDS CHAIRMAN
Michael Schuelke
1171 Park Village Dr.
Neenah, WI 54956
(920) 450-3614 (Cell)
mikeschuelke13@gmail.com

