



NATIONAL RECORD

SWIMMING APPLICATION



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

Application must be mailed to:
KYLE BEDALOV
3627 Stillwater Circle
Waukesha, WI 53189
262-527-4320 (cell)
records@niscaonline.org

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Yards | <input type="checkbox"/> Meters |
| <input type="checkbox"/> Public School* | <input type="checkbox"/> Independent* |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |

TIME: _____

*see back for definitions

- | | | | |
|--|---|--|---|
| 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 _____

3. _____ LAST _____ FIRST _____

4. _____ LAST _____ FIRST _____

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. No diving applications will be accepted. The NISCA national diving record is based on scores from the All-America Selection Committee and will automatically be updated when a new record is established.
13. 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.

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
Kyle Bedalov
3627 Stillwater Circle
Waukesha, WI 53189
(262)527-4320 (Cell)
records@niscaonline.org

