New Jersey Pool Managers Association
Swim/Dive Championship Affidavit of Eligibility
DATE:_____

Pool: _____ Pool # _____

Manager: _____ Home # _____

Manager Email Address: _____

Head Coach: _____ Phone # _____

Assistant Coach: _____ Phone # _____

Head Coach Email Address: _____

Name of Swimmer/Diver	Date of birth	* Membership type

ALL INFORMATION MUST BE FILLED IN AND TWO SIGNATURES AT THE BOTTOM OR IT WILL NOT BE ACCEPTED
**********DIVERS NOT ON THE LIST WILL NOT DIVE, DON'T EVEN ASK**********

We hereby certify that all the information provided on the sheet meets all of the New Jersey Pool Managers Association Swim/dive Championship Eligibility Requirements. We also understand that any false information will lead to sanctions against our club, which can include but not exceed one (1) year suspension from the championships.

_____ _____
Managers Signature Date

_____ _____
Coaches Signature Date