BERMUDA AMATEUR SWIMMING ASSOCIATION
SWIMMER REGISTRATION 2009/2010

Masters Registration Fee: $50.

Swimmer' Name: _____
Surname First Name Middle Initial

Date of Birth: _____/_____/_____ Male / Female Indicate if New Registration: Yes / No
Month Day Year (circle one)
(circle one)

Club: _____

Correct Mailing Address: _____

_____ Postal Code: _____

Home Tel. #: _____ Work Tel #:_____

Email address:_____

CONDITION OF MEMBERSHIP:

As a condition of membership, the swimmer agrees to abide by the rules of the sport. One of these rules is participation without the use of substances or methods identified in the Bermuda Drug Council full list of banned and restricted doping classes and methods.

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Signature of Swimmer

WAIVER:

In consideration of your acceptance of this registration, we hereby waive and release any and all rights and claims for damages, howsoever arising, we may have against Bermuda Amateur Swimmers Association, the Directors and its staff. The swimmer is of sound mental health, physical health and capable of participating in the swim program. In the event of injury or sickness, Bermuda Amateur Swimming Association has my permission to arrange for medical care.

Signature ……. Date: ……..

Your B.A.S.A. swimmer registration will expire on August 31st, 2010. ALL SWIMMERS MUST BE REGISTERED BEFORE THEY ARE PERMITTED TO SWIM IN ANY B.A.S.A RECOGNISED COMPETITION. Complete and sign the above form, incomplete forms will not be processed for membership. Thank you.