

AMATEUR SWIMMING ASSOCIATION OF JAMAICA

SWIMMER REGISTRATION FORM - YEAR _____

Applicant Details:

NAME: SURNAME: _____ FIRST _____
MIDDLE _____ PREFERRED _____ M/F _____
D-O-B: dd ____ mm ____ yy ____ CITIZENSHIP _____
CLUB: _____
OTHER FEDERATION AFFILIATION (if any): _____
TEL: HOME _____ CELL _____ Email _____
MEMBERSHIP: General Membership <input type="radio"/> Athlete <input type="radio"/> Coach <input type="radio"/> Technical Official <input type="radio"/>
Swimming <input type="radio"/> Synchronized Swimming <input type="radio"/> Water Polo <input type="radio"/> Masters Swimming <input type="radio"/>

If applicant is under 18 years old, please provide details for at least one of the follow persons;

1. FATHER/GUARDIAN _____

TEL#: HOME _____ WORK _____ CELL _____

Email _____

2. MOTHER/GUARDIAN _____

TEL#: HOME _____ WORK _____ CELL _____

Email _____

REGISTRATION FEES:

ANNUAL RENEWAL FEE: **\$750.00** NEW REGISTRATION: **\$1000.00** LATE REGISTRATION: **\$1000.00**

SIGNED: CLUB OFFICIAL _____ DATE _____ 20____

Note: The application is not complete without the applicable fee and proof of age, when required.

NB: PLEASE PRINT.

PLEASE ATTACH PROOF OF AGE TO THE DOCUMENT

Office Use Only: Fee Paid: _____ Proof of Age Checked by: _____ Entered by: _____
