

PLEASE PRINT CLEARLY WITH A PEN

AMATEUR SWIMMING ASSOCIATION OF JAMAICA

MEMBER REGISTRATION FORM - YEAR 2012

New Registration: **Renewal:** **Transfer:** **One Day:**

Applicant Details:

| |
|--|
| NAME: SURNAME: _____ FIRST _____ |
| MIDDLE _____ PREFERRED _____ M/F _____ |
| D-O-B: dd ____ mm ____ yy ____ CITIZENSHIP _____ |
| CLUB: _____ OTHER FEDERATION AFFIL (if any): _____ |
| TEL: HOME _____ CELL _____ EMAIL _____ |
| MEMBERSHIP: (Select all applicable categories) Include me on the ASAJ email distribution list <input type="checkbox"/> |
| General Membership <input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Technical Official <input type="checkbox"/> |
| Swimming <input type="checkbox"/> Synchronized Swimming <input type="checkbox"/> Water Polo <input type="checkbox"/> Masters Swimming <input type="checkbox"/> |

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

1. FATHER/GUARDIAN _____

TEL#: HOME _____ WORK _____ CELL _____

EMAIL _____ SIGN _____

2. MOTHER/GUARDIAN _____

TEL#: HOME _____ WORK _____ CELL _____

EMAIL _____ SIGN _____

Please include the Parents/Guardian on the ASAJ news email distribution list: YES: | NO: (circle)

REGISTRATION FEES:

NEW REGISTRATION: JA\$1,800.00 **MEMBER ANNUAL RENEWAL FEE:** JA\$1,200.00 ("EARLY BIRD" REGISTRATION FEE), if paid before January 31st each year OR JA\$1,800.00 after January 31st each year.

COACH/SWIM JUDGE/OFFICIAL REGISTRATION FEE: JA\$500.00 **SINGLE DAY REGISTRATION FEE:** \$250.00
OTHERS: JA\$500.00

SIGNED (Applicant over 18 or Club Official):
_____ DATE _____ 20 ____

Note 1: This application is not complete without the applicable fee and proof of age (when required).
Note 2: Proof of age & citizenship is required for All Swimmers and those Technical Officials officiating overseas.
Note 2: Coaches must provide copies of a valid Life Guard Certificate and NEPA License.

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| Form updated December 15, 2011 | Form – ASAJREG09 |
| Office Use Only: Fee Paid: _____ | Checked by: _____ Entered by: _____ |