

## NATIONAL SWIM COMPLEX LONG COURSE TRAINING APPLICATION FORM

(Please complete all sections of Part A and Part B)

Part A:	CLUB or UNATTACHED SWIMMER INFO	RMATION	SEASON:
NAME:			ID CODE:
CONTACT PER	RSON:		POSITION:
HOME PHONE	#:	WORK PHONE	£#:
FAX #:	E-MAIL ADI	DRESS:	
Part B:	TRAINING SCHEDULE INFORMATION (D	AYS & TIMES)	
] Monday	Time(s):	[ ] Tuesday	Time(s):
] Wednesday	Time(s):	[ ] Thursday	Time(s):
] Friday	Time(s):	[ ] Saturday	Time(s):
] Other:			
PROÆCTED N	UMBER OF SWIMMERS: MALES:	FEMA	des:
JUMBER OF S	SUPERVISING COACHES MALÉS:		FEMALES:
	PERVISING COACHES:ELIABILITY INSURANCE COVERAGE FOR DE		
F "YES", STA	TE THE NAME OF YOUR INSURANCE CARRIE	:R:	
Part C:	WAIVER OF LIABILITY		
Ministry respond of the facilities a Affiliated Regist bodily injury to occurring during	ree and understand that the Bahamas Swimming Fedesible for Sports, its officers, employees, servants or applying the Betty Kelly Kenning National Swim Complex for the Betty Kelly Kenning National Swim Complex for illness or disease contracted by any person or accident the training periods indicated in Part B hereof. I/WI ness during the indicated training periods by providing the indicated training periods and shall as soon as	gents, shall not be leg or swim training purp imer, named in Part A dental loss of or dama E shall at all times tak ng adequate coaching	gally liable in damages in respect of use coses by the Member Swim Club and its a hereof, or the accidental death of or age to property or personal belongings are all reasonable precautions to prevent or parental supervision of the