BAHAMAS SWIMMING FEDERATION

MASTERS SWIMMER REGISTRATION APPLICATION FORM

*(Please complete **all** sections of **Part A and Part B** of this form)*

Part A SWIMMER INFORMATION

NAME: _____
Surname First Name Middle Initial

STREET ADDRESS: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ SEX: Male [ ] Female [ ]

HOME TELEPHONE #: _____ WORK TELEPHONE #: _____

E-MAIL: _____ FAX #: _____

Part B COMPETITOR PARTICIPATION POINTS SYSTEM

MANDATORY (Competitor MUST select ONE or more areas)

[ ] REFEREE [ ] STARTER [ ] DECK MARSHALL [ ] STROKE TURN JUDGE

[ ] MEET COMPUTER RECORDER [ ] CHIEF TIMING JUDGE [ ] CHIEF TIMER

[ ] ANNOUNCER [ ] CLERK OF COURSE [ ] POOL FACILITY SET-UP [ ] MEET ENTRY PROCESSING

OPTIONAL (Competitor may select one or more areas)

[ ] BSF NEWSLETTER [ ] BSF PUBLIC RELATIONS [ ] BSF WEB SITE [ ] BSF SECRETARIAL

DECLARATION

I hereby apply for registration with The Bahamas Swimming Federation as a competitor in the aquatic discipline of MASTERS SWIMMING. I am a (a) CITIZEN [ ] (b) PERMANENT RESIDENT [ ] (c) ANNUAL RESIDENT [ ] of The Bahamas and submit a copy of my Passport **and** Birth Certificate or Permanent Residency Certificate or Annual Residency Certificate or Work Permit or other documents as required by BSF Rules in proof thereof plus the Swimmer Registration Fee. I certify that I am 25 years or older and eligible to compete under the current Rules and Regulations of The Bahamas Swimming Federation and that I agree to abide by the Rules and Regulations of The Bahamas Swimming Federation.

✖ _____ _____
Signature of Applicant Date

PART C REGISTERING CLUB INFORMATION

CLUB NAME: _____ CLUB ID CODE: _____

✖ _____ _____
Club Official/Head Coach Date

PART D FOR INTERNAL BSF USE ONLY For the period 1st January to 31st December _____

Fee paid?: YES [ ] NO [ ] By CASH [ ] CHEQUE [ ] MONEY ORDER [ ]

Application: ACCEPTED [ ] REJECTED [ ] **BSF REGISTRATION #:** _____-_____-MSW_____

✖ _____ _____ _____
BSF Officer Title Registration Date