SSC MEMBERSHIP APPLICATION FOR PARENTS
(In Conjunction with SSC Swimmer Membership)

BOTH PARENTS OF A REGISTERED SSC SWIMMER MAY BECOME VOTING SSC MEMBERS WITHOUT COST – REGISTERED SSC SWIMMING MEMBERS AGE 15 AND OLDER MAY ALSO VOTE

Parent Name: _____
(Surname) (First Name)

Address: _____
(PO Box & District)

Home Telephone:_____ Work Telephone:_____

E-Mail: _____

PLEASE NOTE THAT ALL OFFICIAL SSC NOTICES WILL BE POSTED ON THE WEBSITE (WWW.CAYMANSWIMMING.COM) AND WILL ALSO BE SENT TO YOUR E-MAIL ADDRESS - PLEASE NOTE ABOVE IF YOU DO NOT HAVE E-MAIL AND REQUIRE NOTICE BY MAIL

Please list at least one child name that is a registered SSC swimmer:

_____

I, the undersigned, hereby apply to the Board of Directors of Stingray Swim Club (the "Club") for admission of the above named as a Member of the SSC and as a parent of a member that is a registered swimmer of the Club.

I agree that I will abide by the Club Articles of Association, Rules, By-Laws, and the Regulations governing swimming as set by the Club and as amended from time to time.

I accept that there are risks of personal accident and injury and loss involved with swimming, and in joining the Association I shall voluntarily submit myself to such risks when participating in training, races and/or other events inspired, organized or administered by the Club, and I agree that the Club shall not be held responsible for any loss, damage, injury or death that I may suffer when participating in swimming events.

Signed:_____ Date:_____