



CAYMAN ISLANDS AMATEUR
SWIMMING ASSOCIATION
P.O. Box 10376 APO
Grand Cayman

APPLICATION FOR MEMBERSHIP

_____		_____		<input type="checkbox"/> Male
SURNAME		GIVEN NAMES		<input type="checkbox"/> Female
_____			_____	
ADDRESS			E-MAIL	
_____		_____		_____
TELEPHONE (home)		(work)		(mobile)
_____		_____		
DATE OF BIRTH (d/m/y)		PLACE OF WORK		

CLASS OF MEMBERSHIP: ADULT FAMILY CHILD
FEES: FAMILY – CI\$30.00 SINGLE – CI\$15.00 CHILD – CI\$ 10.00

FAMILY MEMBERS (if applicable):
 The appropriate subscription must accompany this application form, please attach an application form for each family member.

Family membership carries two votes. Members 15 and older may vote.

I, the above named, hereby apply to the Board of Directors of the Cayman Islands Amateur Swimming Association for admission as a member of the Association and for registration in the Register of Swimmers.

I declare that I:

- i.) have attained the age of eighteen (if not applying as child);
- ii.) am an amateur swimmer and have not participated in swimming on any professional basis;
- iii.) am not aware that I have any physical or other illness or impediment which might tend to endanger my own safety or that of others when I am swimming.

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

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

Signed _____ Date _____
 (Swimmer or parent/guardian if under 18)