



APPLICATION/RENEWAL FORM FOR MEMBERSHIP OF CAYMAN ISLANDS AQUATIC SPORTS ASSOCIATION

Surname:				
Given Names:				
Address:				
Date of Birth:				
Gender:				
Email(s):				
Telephone (Home/Work/Mobile):				
Name of Club/Swim School:				
Place of Work:				
Profession:				
Membership Category:	Adult (Age 15+) <input type="checkbox"/> CI\$35	Coach <input type="checkbox"/> CI\$25	Family <input type="checkbox"/> CI\$75	Child (Age 14-) <input type="checkbox"/> CI\$25

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 at any general meeting of the Association. Members 16 and older may vote.

By submitting this form:

1. I, above named, hereby apply to the Board of Directors of the Cayman Islands Aquatic Sports Association for admission/renewal as a member of the Association and for registration in the Register of Swimmers.
2. I declare that I: (a) have attained the age of eighteen (if not applying as child); (b) am an amateur swimmer and have not participated in swimming on any professional basis; and (c) 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.
3. I agree that I will abide by the rules and regulations of the Association governing aquatic sports as set by the Association from time to time.
4. 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.

Date of Electronic Submission:	
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TO BE SUBMITTED VIA ELECTRONICALLY TO CIASABOARD@GMAIL.COM OR THROUGH YOUR REGISTERED CLUB/SWIM SCHOOL - DO NOT PRINT

CASH/CHEQUE/ELECTRONIC TRANSFER TO BUTTERFIELD BANK ACCEPTED

CIASA KYD\$ 02 201 038188 or USD 01 201 038188