



## COMPETITIVE, FITNESS & MASTERS REGISTRATION

**SWIMMERS NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**PARENTS NAME:** \_\_\_\_\_

**PHONE #'S:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**REFUNDS:** No refunds. Coaches are hired based on this registration. As a participant or as the legal parent/guardian of a participant in the Abaco Swim Club Program represented by this registration form, I agree to hold Long Bay School/Abaco Swim Club Program and its officers and agents free and harmless from any claim or expense that may arise due to participation in this program.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**New Session Begins the 1<sup>st</sup> of each Month at Long Bay School**  
**Monday-Friday 5:15-6:45**  
**Tuesday & Thursday Mornings 6:00-7:00AM**

**Cost: \$75 per month**

**BSF: \$35 per year**

**Make cheques Payable to "Abaco Swim Club"**

=====