



JR. COMPETITIVE 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 1st of each Month at Long Bay School
Monday, Wednesday, Friday 5:15-6:45
Tuesday & Thursday 4:00-5:15

Cost: \$75 per month

BSF: \$35 per year

Make cheques Payable to "Abaco Swim Club"

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