



SWIMMING • NATATION
MANITOBA



SWIMMER REGISTRATION FORM

Application Year: _____ Club: _____ Club Address: _____

President or Manager: _____ Phone: (____)-____-____ E-mail: _____

I have ensured that all swimmers/guardians have read and are aware of the following statement:

**By signing this registration I hereby declare that the foregoing statements are true; that I agree to observe and abide by the Rules and Regulations of Swimming/Natation Canada (SNC) and its affiliated Amateur Sport Associations, and that I am an Amateur as defined by SNC.*

That in consideration of my application being accepted, I hereby for myself, my heirs and administrators, waive and release all rights and claims for damages that I may have against SNC or its affiliated Sports Associations, for any injuries sustained by me at any competition or function held under the jurisdiction of SNC and/or its affiliated Sports Associations.

President/Manager's Signature: _____

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ Postal Code: _____
 E-mail: _____
 Phone: (____)-____-____ ext: _____
 Birthday: _____ (DD/MM/YYYY)
 Gender: M() F() Newsletter signup: Y() N()

Applicant Signature*: _____

Guardian Sig* (if under 18): _____

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ Postal Code: _____
 E-mail: _____
 Phone: (____)-____-____ ext: _____
 Birthday: _____ (DD/MM/YYYY)
 Gender: M() F() Newsletter signup: Y() N()

Applicant Signature*: _____

Guardian Sig* (if under 18): _____

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ Postal Code: _____
 E-mail: _____
 Phone: (____)-____-____ ext: _____
 Birthday: _____ (DD/MM/YYYY)
 Gender: M() F() Newsletter signup: Y() N()

Applicant Signature*: _____

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Applicant Signature*: _____

Guardian Sig (if under 18): _____

- Please Complete All Fields -

