



RENEWAL OF SWIMMER REGISTRATION FORM

(Complete Parts A to D. Please write above each line)

Part A COMPETITOR INFORMATION

For 1st January to 31st December _____

SURNAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS	P.O. BOX	CITY
		ISLAND
BSF REGISTRATION NUMBER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

Part B PARENTAL INFORMATION

MOTHER'S FEMALE GUARDIAN'S NAME	HOME PHONE #
EMPLOYER BUSINESS PLACE	OCCUPATION
WORK PHONE =	WORK FAX =
CELLULAR PHONE =	E-MAIL ADDRESS
FATHER'S MALE GUARDIAN'S NAME	HOME PHONE #
EMPLOYER BUSINESS PLACE	OCCUPATION
WORK PHONE =	WORK FAX =
CELLULAR PHONE =	E-MAIL ADDRESS

Part C COMPETITOR FAMILY POINTS SYSTEM

MANDATORY [Parent(s)/Guardian(s) **MUST** select ONE or more areas]

<input type="checkbox"/> REFEREE	<input type="checkbox"/> STARTER	<input type="checkbox"/> DECK MARSHALL	<input type="checkbox"/> STROKE TURN JUDGE
<input type="checkbox"/> MEET COMPUTER RECORDER	<input type="checkbox"/> CHIEF TIMING JUDGE	<input type="checkbox"/> CHIEF TIMER	
<input type="checkbox"/> ANNOUNCER	<input type="checkbox"/> CLERK OF COURSE	<input type="checkbox"/> POOL FACILITY SET-UP	<input type="checkbox"/> MEET ENTRY PROCESSING

OPTIONAL. [Parent(s)/Guardians may select one or more areas]

<input type="checkbox"/> BSF NEWSLETTER	<input type="checkbox"/> BSF WEB SITE	<input type="checkbox"/> SECRETARIAL	<input type="checkbox"/> BSF PUBLIC RELATIONS
<input type="checkbox"/> BSF NATIONAL TEAM FUNDRAISING	<input type="checkbox"/> BSF RECORDS STATISTICS	<input type="checkbox"/> OTHER: _____	

Part D CLUB AFFILIATION INFORMATION

For 1st January to 31st December _____

CLUB NAME	CITY	CLUB I. D. CODE
Signed by CLUB OFFICER HEAD COACH or PARENT GUARDIAN OF UNATTACHED SWIMMER		DATE

Part E FEES AND PARTICIPATION

Renewal of Annual Swimmer Registration Fee - \$10.00 per annum. Renewal of swimmer's registration is effective upon receipt by BSF Assistant Secretary of fee and this form. Send check payable to BSF and this form to BSF Assistant Secretary at address below

At least **one** of Competitor's Parents or Guardians **must** certify in one or more BSF officiating position in fulfillment of Competitor's renewal of registration and their enrollment in Competitor Family Points & Fees System.

P.O. Box SS 6166 Nassau, Bahamas Affiliated to the F.I.N.A. C.C.C.A.N. B.O.A.