



# AMAKHOSI MASTERS SWIMMING CLUB

P.O.Box 121  
Nahoon  
East London  
5247  
sarini@telkomsa.net

## REGISTRATION FORM 2009/10

Please Tick where appropriate:

SWIMMING	Open-Water	Competitive
		Number of National Championships

SURNAME	
TITLE	
FIRST NAMES	
SEX (M OR F)	
ID Number (Copy of ID to be Attached)	
POSTAL ADDRESS	
HOME ADDRESS	
TELEPHONE NUMBERS HOME:	CELL:
WORK:	FAX:
EMAIL ADDRESS	
RELEVANT HEALTH DETAILS Allergies, current medication etc.	
NAME OF COACH/SQUAD	
EMERGENCIES CONTACT PERSON TELEPHONE NUMBER	

*I agree that I participate at my own risk and, by signing this form waive all legal claims against the Amakhosi Masters Swimming Club and Border Masters Swimming and it's members for any internal or external injury or damage which I might incur while, or as a result of, participating in any Masters Swimming activity.*

Signature..... Date.....

### MEMBERSHIP FEES:

Between 1<sup>st</sup> May and 30<sup>th</sup> September 2009

New and Re-Registering Members **R300.00** (Includes fees to BMS, SAMS & SSA)

After 30<sup>th</sup> September and before 1<sup>st</sup> December 2009

New Members **R300.00** (Includes fees to BMS, SAMS & SSA)

Re-Registering Members **R400.00** (Includes fees to BMS, SAMS & SSA)

Open Water / Social Members **R250.00 (Includes SAMS fees)**

Deposit OR Electronic payment into Amakhosi Masters Swimming Club

Standard Bank Account number: 081157673, Branch: 050021

Reference: Your name



**FOR ALL MEMBERS: SSA FORM IS ALSO REQUIRED**