



BAHAMAS AQUATICS FEDERATION
SWIMMER CERTIFICATION APPLICATION FORM

(For use by Unregistered Competitors participating in BAF - sanctioned events)
(Please complete all sections)

SECTION A APPLICANT INFORMATION:

Name: _____

P.O. Box #: _____

Current Street Address: _____

Birth Date: _____

Telephone(s): _____

Sex: ☐ Male ☐ Female

SECTION B HOST CLUB/ORGANIZATION INFORMATION:

Name: _____

Telephone(s): _____

Date of Event: _____

Location: _____

SECTION C BAF RELEASE:

Warning!: Only well-prepared and medically fit persons should enter this competition.

I hereby apply to be certified for participation in the above sanctioned competition I confirm that I am not presently registered with the Bahamas Aquatics Federation or any other Member of FINA. I hereby enclose the \$5 00 BAF Certification Fee

I clearly understand (and confirm my understanding by signing this document) that the Bahamas Aquatics Federation shall be free from any liabilities or claims for damages arising from my death or injuries to myself or anyone else during the above competition.

Signature of Applicant (or Parent, if under 18 years)_____
Date

SECTION D NOTES:

This certification immediately lapses upon the conclusion of the above competition.