



1st OECS OPEN WATER SWIMMING CHAMPIONSHIP EVENT

Sunday 8th November, 2015

SURNAME	GIVEN NAMES	MALE	FEMALE
ADDRESS		TELEPHONE No.	
COUNTRY/FEDERATION		EVENT (5K)	
DATE OF BIRTH DD/MM/YYYY	AGE AS OF DECEMBER 31, 2014		

I agree to abide by the rules and regulations as set out by the Antigua and Barbuda Swimming Federation (ABSF) and accept that the Judges decisions are final.

LIABILITY RELEASE:

I hereby declare that I exonerate of all responsibility, the ABSF, the Organizing Committee, Sponsors and any other persons that participate in this event in respect to all and every action or claim about accident that may occur.

I understand how risky the competition in which I am going to participate is and I hereby certify that I am in very good physical condition in order to participate in this event and that I am in very good health suitable to the efforts I am going to submit myself.

DATE: _____ SIGNATURE _____

You must be over 18 years of age OR the parent/legal guardian of a minor under 18 years of age in order to agree to the text above

FEES:

1. The Registration fee is **\$25 ECD** dollars if not entered in the OECS pool championships.
2. Any entry form received without payment will not be accepted.
3. There shall be no refund of registration fees.

ENTRIES MUST BE RECEIVED ON OR BEFORE ENTRY DUE DATE: SATURDAY 31 OCTOBER, 2015

For registration details please contact secretary@absf.ag

Sponsors:

