



ESWATINI SWIMMING ASSOCIATION

AFFILIATED TO FINA AND CANA
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REGISTRATION FORM SWIMMERS

Please print

SURNAME:

FIRST NAMES:

PREFERRED NAME:

NATIONALITY:

ID/passport NO:

DATE OF BIRTH:

DAY:

MONTH:

YEAR:

AGE:

GENDER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMERGENCY CONTACT NAME:

EMERGENCY CONTACT TELE NO:

FAMILY DOCTOR NAME:

DOCTOR TELE NO:

MEDICAL AID NAME

MEDICAL AID PLAN

MEDICAL AID NO

MEDICAL CONDITIONS

MEDICATION
TAKEN FOR
CONDITIONS

ADDRESS:

MAILING ADDRESS:

HOME ADDRESS:

<input type="text"/>	<input type="text"/>
POSTAL CODE:	<input type="text"/>

CONTACT NUMBERS:

MOTHER

FATHER

HOME

FAX:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMAIL:

CLUB:

COACH:

COACH CONTACT DETAILS:

I the undersigned agree to abide by the rules of the ESA

Signature:

Date:

PARENT/GUARDIAN

OFFICE USE ONLY

MEMBERSHIP FEE:

E150.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RECEIPT NUMBER:

DATE RECEIVED:

OFFICERS SIGNATURE:

NB: ALL SECTIONS ON THIS FORM MUST BE COMPLETE & RETURNED WITH SIGNED INDEMNITY FORM. NO FORMS WILL BE ACCEPTED WITHOUT PAYMENT