



BAHAMAS AQUATICS FEDERATION SWIMMING COACH/SWIMMING INSTRUCTOR REGISTRATION APPLICATION FORM

(Please complete all sections of Part A and Part B of this form)

PART A APPLICANT INFORMATION

NAME: _____

MAILING ADDRESS: First Name _____ Middle Name _____ Surname _____ E-MAIL: _____

TELEPHONE #(S): _____ FAX #: _____

DATE OF BIRTH: _____ SEX: Male [] Female []

DECLARATION

I hereby apply for registration with The Bahamas Swimming Federation as a Coach Instructor in the aquatic discipline of SWIMMING.

I am: a (a) CITIZEN [] (b) PERMANENT RESIDENT [] (c) ANNUAL RESIDENT [] of The Bahamas and in proof thereof submit (1) a copy of my Passport; Permanent Residency Certificate; Annual Residency Certificate; Work Permit; other documents; (2) a copy of my certificate(s), diploma(s) and accreditation (ASCA; CSCA; GBSCTA; ASCTA; etc); (3) a recent photograph of myself; and (4) the Swimming Coach Swimming Instructor Registration Fee. I confirm that I am an eligible Swimming Coach Swimming Instructor under the current Rules and Regulations of The Bahamas Swimming Federation and that I agree to abide by all Rules and Regulations of The Bahamas Swimming Federation and FINA.

Details of my professional employment and experience as a Swimming Coach Swimming Instructor: _____

* _____
Signature of Applicant _____ Date _____

PART B REGISTERING CLUB INFORMATION AND ENDORSEMENT

CLUB NAME: _____ CLUB ID CODE: _____

We confirm that the above-named Coach Instructor is employed by us. We endorse this application by him/her for registration with the BSF.

* _____
Club Official _____ Date _____

PART C FOR INTERNAL BAF USE ONLY

For the period 1st January to 31st December _____

Fee paid?: YES [] NO [] By CASH [] CHEQUE [] MONEY ORDER [] Application: ACCEPTED []
REJECTED [] DEFERRED [] Reason for Rejection/Deferral: _____

FOR REGISTRATION # CSW -

* _____
BAF Officer _____ Title _____ Registration Date _____

PART D DETACH & RETURN TO COACH or CLUB

For the period 1st January to 31st December _____

Application: ACCEPTED [] REJECTED [] NAME of COACH: _____

FOR REGISTRATION # CSW -

* _____
BAF Officer _____ Title _____ Registration Date _____