

BALWINSVILLE SHARKS MASTERS SWIMMING

REGISTRATION FORM 2010

Last Name		First Nam	e	Middle Initial
Street Addre	SS			
City		State	Zip	Phone
E-mail Address				Date of Birth
Person to Contact in Case of E	mergency and Phone I	Number:		
Name				Phone
				U.S. MASTERS
US. MASTERS Swimming	STATES MA COVE	RED BY INSURAN		SWIMMING
U.S. MASTERS SWIMMING	COVE		CE. 🔰	SWIMMING SWIMMING

Baldwinsville Central School District from all claims, judgements, actions or other liabilities for both property damage and bodily injury in any way whatsoever through participation in this program. I also acknowledge that it is my responsibility to produce evidence of my USA Masters Swimming registration as evidence of my liability insurance coverage.

Signature

Date