



(FM-008-SWM-v2.0) (OFFICE USE ONLY) Date PMS Keyed : By:

		MEMBER S	E: info@dswir	macademy.com W:	www.dswimacademy.com Date Ch	iecked :	Ву:	
NAc	eet Title :			Λ S I ΙΝΛ / ΝΙS C / Ν	MILO Junior Splash Swim 1:	st Leg. 2010		
			,	430101/1130/11	, 3,			
	eet Date :			NATION	19TH - 21ST JULY 2019			
	eet Location :				NAL AQUATIC CENTRE, BUKIT JALIL			
Clu	b Closing Date :			16TH J	UNE 2019 SUNDAY, 6:0	OPM		
[A]	SWIMMER DETAILS							
Ful	l Name :				Gender	: M	/ F	
Date of Birth :					Age Group : 5 / 4 / 3 / 2			
Co	ntact No. :				Swim Clu	ub : D	SA / DSAS	
Em	ail :							
[B]	PARTICIPATING EVENT							
	*Please fill in event to participate only							
	Event	Event No.	Best Time		Event	Event No.	Best Time	
			M M:	S S. S S			M M: S S. S S	
	100m Freestyle				50m Butterfly		<u> </u>	
	50m Backstroke				100m Backstroke		 	
	200M Individual Medley				100m Breaststroke			
	50m Breaststroke				100m Butterfly			
	200m Freestyle		<u> </u>	<u> </u>	50m Freestyle			
	1st day event 2nd day eve	ent 3rd da	y event					
[C]	TERMS & CONDITION							
	 This swim meet is open to all Nationality and must be a member of DSA/DSAS Swim Club 2019. Registration fee RM15.00/swimmer, individual entry fees RM8.00/event, relay entry fees RM32.00/event. RM25.00 penalty will be imposed on EACH EVENT Withdrawn (WDR) on the day of the meet, Did Not Show (DNS) or Did Not Start (DNS) unless a medical cerificate is furnished. A swimmer is deemed to be unfit to swim for the rest of the day on presentation of a medical certificate. Fill up the event no., official best time, consult the coaches and obtain coaches' signature before submitting. Incomplete form will not be accepted. Do not leave the best time portion blank. Do not put "NT". Submit the Swim Meet form along with payment in cash to DSA Administrative Counter before "Club Closing Date". Late entries will not be entertained. No changes allowed after club closing date. Payment will be forfeited without any valid supporting document. Coaches have the right to withdraw or add events for swimmer and the decision is final. 							
ciro	ndition and hereby agreed to cumstances. I had also unde	rstand all dec	•	•	oaches is final.		g committee un	uer an
[D] SWIMMER'S & PARENT'S AGREEMENT					[E] COACH'S AGREEMENT			
Swimmer's Signature					Coach's Signature			
Swimmer Full Name :					Coach Name :			
Date :					Date :			
					[F] OFFICE USE ONLY			
Parent's Signature					Admin's Signature & Payment Stamp			
Parent Full Name :					Payment Amount : RM			
Date :					Date & Time Received :			

[G] OFFICE USE ONLY - SWIMMER'S COPY Meet Title : ASUM/NSC/MILO Junior Splash Swim 1st Leg, 2019 Swimmer's Name : Date and Time Received : Event No. Remark *Kindly visit **www.dsaswimteam.com** for more updates

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