ATHLETE REGISTRATION FORM

Athletes full name (as on passport)	
Athlete date of birth	
Full postal address including post code	
Athlete mobile	
Athlete e-mail	
Holidays booked for 2027	*Please list any holidays booked between 1/1/27 and 1/7/27. Note: holidays and absence from training during this period may have a negative impact on selection decisions.*
For Athletes below the age of 18, please also complete the fields below.	
Parent / Guardian full name	
Parent / Guardian contact number	
Parent / Guardian contact e-mail	

Next steps:

- Send your completed registration form and Athlete Code of Conduct form to treasurer@jerseyasa.com and teammanager@jerseyasa.com by 31st August 2026.
- Remit your deposit* of £375 to the Jersey Amateur Swimming Association bank account:
  - Bank Name: Lloyds Bank International, Broad Street, Jersey.
  - Sort Code: 30-94-61
  - Account number: 58122268
  - Account name: Jersey Amateur Swimming Association

- Your deposit must be received by 31st August 2026.

*Deposits will be refunded if the Athlete is not selected or in the event of Athlete withdrawal under medical certification.

I confirm that I have read and agree to abide by the Selection Policy & Qualification Standards, issued by the Jersey Amateur Swimming Association, for the Jersey Swim Team at Faroes 2027 Island Games.

Athlete signature _____

Date _____

Parent / Guardian signature _____

Date _____