



CAYMAN ISLANDS AMATEUR SWIMMING ASSOCIATION

CIASA APPROVED PROGRAMME - APPLICATION FORM

MAIN CONTACT

First Name

Last Name

Mailing Address

Tel Number

Email

LEARN TO SWIM PROGRAMME DETAILS

School Name

Primary Location

Teacher Name 1	<input type="text"/>	Qualification	<input type="text"/>
Teacher Name 2	<input type="text"/>	Qualification	<input type="text"/>
Teacher Name 3	<input type="text"/>	Qualification	<input type="text"/>
Teacher Name 4	<input type="text"/>	Qualification	<input type="text"/>
Teacher Name 5	<input type="text"/>	Qualification	<input type="text"/>

Please list any additional teachers on a separate sheet or overleaf

Liability Insurance: Teachers Pupils (Please tick as appropriate – leave blank if insurance not provided)

CIASA COMMUNITY INITIATIVES

The above Swim School wishes to be involved in other CIASA learn to swim Community activities YES NO
(Please tick as appropriate)

SWIM SCHOOL EXECUTIVE MEMBER SIGNATURE

NAME:

SIGNATURE:

DATE:

PLEASE RETURN THIS FORM TO:
CIASA, PO Box 10376, Grand Cayman KY1-1004 OR EMAIL ciasaboard@gmail.com



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PLEASE USE THIS PAGE TO ADD ANY FURTHER INFORMATION TO SUPPORT THIS APPLICATION

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