

Date :

To : The Penang Amateur Swimming Association (P.A.S.A.)  
c/o No. 7, Brown Road, 10350 Penang  
(Email: [honsec.pasa@yahoo.com](mailto:honsec.pasa@yahoo.com))

RE : 54<sup>th</sup> P.A.S.A. STATE AGE GROUP SWIMMING CHAMPIONSHIPS  
Friday 26<sup>th</sup>, Saturday 27<sup>th</sup>, Sunday 28<sup>th</sup> January 2018  
PERMISSION & INDEMNITY (Under 18 years old)

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Reference above, I agree to allow my son / daughter / ward,

|    | <b>Name</b> | <b>Age</b> | <b>Club / Team</b> |
|----|-------------|------------|--------------------|
| 1) | _____       | _____      | _____              |
| 2) | _____       | _____      | _____              |
| 3) | _____       | _____      | _____              |

to attend and participate in the above stated Swimming Championships.

I do hereby understand that although the organizers and its appointed officers shall take precautions to ensure the safety of the participants, the Penang Amateur Swimming Association (P.A.S.A.) and its officers shall be indemnified and shall not be held responsible or liable for any accidents, injuries or mishaps that may arise from my son / daughter / ward's participation in the Swimming Championships.

I also agree & understand that my son / daughter / ward shall abide and shall at all times be subject to the rules and regulations of the Swimming Championships, the Penang Amateur Swimming Association (P.A.S.A.) and the instructions and discipline of the Meet Officials.

Sincerely yours,

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Signature of Parent/Guardian

Name:

NRIC:

Address:

Contact Tel nos.: