

SPRING/SUMMER REGISTRATION FOR BARRACUDA AQUATICS CLUB

(MEMBER OF BLACKLINE AQUATICS)

SWIMMER INFORMATION

Name (First, Middle Initial, Last):		Preferred Name:
Date of birth:	Age:	Gender:
School:		
Did you participate on a USA Swimming Club during the 2022-23 Fall/Winter Season? Yes No (circle one)		
If yes, was it with another team other than Barracuda Aquatics Club or Blackline Aquatics? Yes No (circle one)		
If yes, what team:	2023 Spring/Summer Long Course Season Start Date:	

FAMILY INFORMATION

Parent's/Guardian's Name (#1):		Parent's/Guardian's Name (#2):		Home Phone:	
Swimmer's address:			City/State:		Zip:
Parent/Guardian #1:	Work:	Cell:	E-Mail:		
Parent/Guardian #2:	Work:	Cell:	E-Mail:		
Additional Contacts:	Work:	Cell:	E-Mail:		

EMERGENCY CONTACT

Name (other than parent/guardian):	Phone:
Comments (Emergency information, medical issues, etc.):	

TEAM LEVEL (CIRCLE LEVEL BELOW)

DEVELOPMENTAL	AGE GROUP	JUNIOR	SENIOR 1	SENIOR 2	COLLEGE	HS MAINT.
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SEASON FORMS CHECKLIST

I have read, understand and signed (please initial below):	The "MAAP" Policy Acknowledgement: _____ (both parents/guardians please sign)		
_____	The "Terms & Conditions of Membership"	_____	The "Code of Conduct"
_____	The "Swim Meet Contract". I understand I am responsible to fulfill the required volunteer hours or pay the specified fees per meet session.	_____	I understand that I am responsible for full dues payment regardless of the # of practices my swimmer attends

FEE PAYMENT

BAC FALL Season Dues \$ _____ + USA Swim Reg. Fee \$ _____ = Total Balance Due \$ _____	
Total Received \$ _____ PD Check #1: (5/12/23) \$ _____ PD Check #2: (6/16/23) \$ _____ Total Balance Owed for \$ _____	

SIGNATURES

The undersigned parent or guardian of the swimmer named above acknowledges that the responsibility for determining the medical fitness of said swimmer to participate in the program is that of the parent or guardian, and further, agrees to pay the club dues in the manner authorized by the club's Advisory Board and/or President.

Signature or Parent/Guardian:	Date:
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