

## FALL/WINTER REGISTRATION FOR BARRACUDA AQUATICS CLUB

(MEMBER OF BLACKLINE AQUATICS)

### SWIMMER INFORMATION

Name (First, Middle Initial, Last):		Preferred Name:
Date of birth:	Age:	Gender:
School:	2023-24 Fall/Winter Short Course Season Start Date:	
Have you participated on a USA Swimming Club in any past seasons?    Yes        No    (circle one)		
If yes, was it with another team other than BAC or BLA?    Yes        No    (circle one)		If yes, what team and when:

### FAMILY INFORMATION

Parent's/Guardian's Name (1):		Parent's/Guardian's Name (2):		Home Phone:
Swimmer's address:			City/State:	Zip:
Parent's/Guardian's Contacts (1):	Work:	Cell:	E-Mail:	
Parent's/Guardian's Contacts (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			HS MAINT.
FALL	FULL	WINTER	FULL	WINTER	FULL	WINTER	FALL	FULL	WINTER	FALL	FULL	WINTER	

### SEASON FORMS CHECKLIST

I have read, understand and signed (please initial below):	(both parents/guardians please sign)
_____	The "MAAP" Policy Acknowledgement: _____
_____	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/WINTER Season Total Balance Due \$ _____
Total Received \$ _____ PD Check #1: (10/13/23) \$ _____ PD Check #2: (11/10/23) \$ _____ Total Balance Owed \$ _____

### SIGNATURES

The undersigned parent/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/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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