SPRING/SUMMER REGISTRATION FOR BARRACUDA AQUATICS CLUB

(MEMBER OF BLACKLINE AQUATICS)

SWIMMER INFORMATION							
Name (First, Middle Initial, Last):				Preferre	Preferred Name:		
Date of birth: Age:				Gender:	Gender:		
School:							
Did you participate on a USA Swimming Club during the 2023-24 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: 2024 Spring/Summer Long Course Season Start Date:							
FAMILY INFORMATION							
Parent's/Guardian's Nam	ne (#1):	Parent's/Guardian's Nam	Parent's/Guardian's Name (#2):			Home Phone:	
Swimmer's address:			City/State:		<u>I</u>	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	COL	LEGE	HS MAINT.	
SEASON FORMS CHECKLIST							
I have read, understand and below):	d signed (please initial	The "MAAP" Policy Acknowledge	(both parents/guardians please sign)			ians please sign)	
The "Terms & C	onditions of Membership	THE MAAF FOILCY ACKNOWLEDGE	The "Code of Conduct"				
The "Swim Meet Contract". I understand I am responsible to fulfill the required				I understand that I am responsible for full dues payment			
volunteer hours or pay the specified fees per meet session.			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: (5/10/24) \$ PD Check #2: (6/14/24) \$ 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:		