

Barracuda Swim Team



Please Print Neatly

PLEASE COMPLETE THE FORM IN ITS ENTIRETY. EMAIL IS THE PRIMARY FORM OF COMMUNICATION AND SHOULD BE PROVIDED!

Swimmer's Information

First Name:	Middle Initial: Last Name:
Date of Birth://	Prior Swim Team (if applicable):
Parent's Information	
Address:	City: State:
Zip: PRIMARY PHON	IE: ()
Mother	
First Name:	Middle Initial: Last Name:
Cell Phone: ()	_ Email:
Father	
First Name:	Middle Initial: Last Name:
Cell Phone: ()	Email:
ALL PROGRAMS REQUIRE AN ANNUAL \$15	PER YEAR CLUB MEMBERSHIP FEE TO PARTICIPATE. PLEASE COMPLETE
THE BOYS & GIRLS CLUB MEMBER REGISTR.	AATION FORM, EMERGENCY CONTACT FORM, AND ALL RELEASE FORMS.
YEAR ROUND PROGRAM	If you choose to be a part of USA Swim, please
This program requires a one year commit-	contact coach Ellen Doxtater.
ment with the option to pay monthly.	
☐ MINI \$500 PER YEAR \$50 PER MONTH	This program REQUIRES PARENT PARTICIPATION. The snack bar is the main fundraiser for this team. In order to attend swim meets, purchase
☐ <i>RED</i> \$600 PER YEAR \$60 PER MONTH	new equipment, and keep registration fees reasonable, PARENTS are required to help at the meets in which your child is attending. Please contact Coach Ellen if you have any questions. By signing below you acknowledge that this is a non refundable program and that you are responsible for the entire amount that is indicated below, you have turned in all required forms for this program,
☐ <u>YELLOW</u> \$650 PER YEAR \$65 PER MONTH	
☐ JUNIOR \$750 PER YEAR \$75 PER MONTH	
<u>SENIOR</u> \$900 PER YEAR \$90 PER MONTH	
Monthly payments are divided into 10	
payments (you don't pay 2 months)	and that you have consulted with a coach to determine what level
Official Use Only	your child should be swimming .
Amt Paid: Rct #	Amount Due: Monthly Payment: ☐ Yes ☐ No
Staff Name:	Parent Signature:
Membership ID #:	Date:/