

Bogota Barracudas Swim Team Application

Last Name: _____ **Membership # :** _____

Home Phone : _____ **Cell Phone:** _____

E-mail Address: _____

Emergency Contact : _____

Emergency Contact Number : _____

Swimmer's Information

mm/dd/yyyy

Name : _____

D.O.B: _____

Name : _____

D.O.B: _____

Name : _____

D.O.B: _____

Name : _____

D.O.B: _____

Name : _____

D.O.B: _____

I give permission for my child/ren to participate as a member of the Bogota Barracudas Swim Team, under the direction of the swim team coaches. I understand that my child/ren will be responsible for adhering to all pool rules and regulations during swim hours. I understand the cost for membership is \$25 for 1 child, \$50 for 2 children, and \$60 for 3 or more children. I understand a deposit of \$30 per family is due at the beginning of the season, which will be held until the end of the season. Deposit checks will be returned to families that have volunteered at at least 2 meets. All other deposit checks will be cashed.

Parent/Guardian Name

Parent/Guardian Signature

Date

Payment information

Amount: _____ Cash Charge Check Check # _____

Deposit received Yes No

Deposit Returned Yes No