

BOUQUET BARRACUDA SWIM TEAM REGISTRATION FORM

CONTACT INFORMATION

Family Last Name: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ ST _____ ZIP _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

SWIMMER INFORMATION

Child's Name: _____ Age: _____ Member Fee: _____ Non-Member Fee: _____

1.	_____	\$35	\$75
2.	_____	\$35	\$50
3.	_____	\$35	\$50
4.	_____	\$0	\$0

TOTAL _____ **\$** _____

Please list additional swimmers on the back of this form (they will be free.)

REGISTRATION FEES

BP Pool Family Members (not weekend): **\$35.00**/1st, 2nd & 3rd Swimmers. 4th Free

Non-Members: **\$75.00** /1st, **\$50.00**/2nd & 3rd Swimmers. 4th Free

Make Checks Payable to: ***Bouquet Park Aquatic Club***

GUARDIANS/PARENTS PARTICIPATION: The swim team is a volunteer-driven group and we ask that all parents/guardians have an active role in the group. Please indicate the area for which you would like to volunteer:

Timer Concessions Official Announcer Scorer

WAIVER FORM

I (we) the parent(s) or guardian(s) of _____
indemnify and save harmless Bouquet Park Aquatic Club against all losses, liabilities, and claims whatsoever arising out of any personal injury or out of any damage or loss or destruction of property related to all Bouquet Park Aquatic Club or Swim Team functions, including transportation to or from said functions.

Signature _____ **Date** _____

Questions or more information? Contact the pool at 724-274-9803 or bouquetpark@gmail.com.

Forms with payment may be mailed to:
Allegheny Valley Swimming Pool Association Inc.
P.O. Box 172 ~ Springdale, PA 15144
<https://www.facebook.com/bouquetparkpool>