



# Blue Skarks Swim Team Registration

YEAR: 20\_\_

**HOUSEHOLD INFORMATION:**

(PARENT/GUARDIAN) LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

UNIT/APT NUMBER (IF APPLIES): \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

CITY/TOWNSHIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_

THIS IS PRIMARY METHOD OF CONTACT

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

\*\*\*RESIDENCY IS DETERMINED BY WHERE TAXES ARE PAID\*\*\*

RESIDENT (\$80 EACH)

NON-RESIDENT (\$100 EACH)

**SWIMMER INFORMATION:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NUMBER OF SWIMMERS: \_\_\_\_\_ x CHARGE \$ \_\_\_\_\_ = TOTAL CHARGE : \$ \_\_\_\_\_

PAYMENT: CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_

I understand that the City of Evansville is not responsible for or liable for accidents occurred by those using the Aquatic Center or its facilities. I understand that any misuse of the above membership will result in a non-refundable revocation of the membership. I understand the age requirement for children who are swimmers and non-swimmers using the Aquatic Center and understand the parent supervision policy for parents and their non-swimmer using the facility. I also understand the No Refund Policy on all aquatic fees.

Parent/Guardian or Adult Signature \_\_\_\_\_ Date: \_\_\_\_\_