

B-T AQUATICS REGISTRATION

PARENT / GUARDIAN / CONTACT NAME(S)	CONTACT EMAIL:		
	CITY, STATE ZIP		
SWIMMER INFORMATION	CLASS SELECTION INFORMATION		
NAME	1st CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
	2nd CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
BIRTHDATE: AGE ON FIRST DAY OF SESSION:	1st CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
	2nd CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
NAME	1st CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
	2nd CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
BIRTHDATE: AGE ON FIRST DAY OF SESSION:	1st CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
	2nd CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
NAME	1st CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
	2nd CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
BIRTHDATE: AGE ON FIRST DAY OF SESSION:	1st CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
	2nd CHOICE Program: _____	Session: _____	Day: _____ Time: _____ Tuition: \$ _____
SPECIAL EVENTS	EVENT	DATE(S)	ENTRY INFORMATION / SELECTIONS
NAME			ENTRY FEE
BIRTHDATE: AGE ON FIRST DAY OF EVENT:			
NAME			
BIRTHDATE: AGE ON FIRST DAY OF EVENT:			
NAME			
BIRTHDATE: AGE ON FIRST DAY OF EVENT:			

PROGRAMS: Saliors Mates Voyagers SESSIONS: Winter Spring Summer Fall Holiday Express DAYS: Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

IT'S YOUR CHOICE

B-T Aquatics does its best to provide a safe environment for your activities. You are responsible for making good choices. You are responsible for selecting the programs suited to your skills abilities and health. By electing to use the facilities and participate in B-T Aquatics programs, you assume all risk for any harm or injury you sustain. By your voluntary participation as a participant or spectator, you could be injured. Take responsibility. Do not take risks or do activities that may not be appropriate for you. Ask questions. If you have any questions about your health and how it might be affected by exercise or other activities at the B-T Theisen Pool, contact your doctor and obtain permission before doing them. A complete physical is recommended before beginning any exercise program. Pay attention to your surroundings. Be aware of the presence of others while you participate. Do not engage in activities that could injure others. Report any unusual significant hazard during your presence or participation and remove yourself from participation. If you bring belongings, you are responsible for their care and safety. They could be lost, stolen, or damaged. Contact a B-T staff member if you have any problems or concerns.



PLEASE USE THE BACK OF THIS FORM TO LIST ANY MEDICAL INFORMATION THAT MAY HELP US WHEN TEACHING YOU OR YOUR CHILD AND/OR IN THE EVENT OF AN EMERGENCY.

Thank you for choosing B-T Aquatics. We swim for good times!

B-T Aquatics at Brownell-Talbot School www.btaquatics.org 402.556.1205

