

<b>OFFICE USE ONLY</b>
PAID \$ _____
CASH _____
CHECK _____

# Barracuda Swim Team REGISTRATION FORM

**Return your Payment and completed registration form to:**

Allen Park Community Services Office  
14700 Moore  
Allen Park, MI 48101

- \* All payments and registrations should be made to the Allen Park Community Services office
- \* Payment is due at time of registration. **We will not be responsible for lost cash mailed in**
- \* Registrations and/or payments will **NOT** be accepted at the pool
- \* CASH OR CHECK ONLY
- \* NO REFUNDS
- \* Returned Checks: There will be a \$25 returned check fee for any check returned NSF.

**For more information, please call the Community Services office at 313-827-2664**

**Child's Name** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Phone** (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Parent's Email** \_\_\_\_\_

**I AGREE TO HELP AT ONE VOLUNTEER JOB THIS SEASON** \_\_\_\_\_

SIGNATURE

**Parent Name** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_