

Bonaireaanse Aquatics Club Barracudas



Subscription form

Personal information member

Last name:

First name:

Date of birth:

Address:

Telephone:

Email:

Family doctor:

Allergy, medicines:

Swim diploma A/B/C/D:

Date start of membership:

Parents/guardian information

Last name:

First name:

Address:

Telephone:

Email:

Emergency contact information

Full name:

Telephone:

Relationship to member:

Conditions of membership

- The member has sufficient basic swimming level to participate in the training.
- Registration fee for new members is \$ 20,- (you will receive a Barracudas swimming cap).
- The membership fee may be paid in 12 monthly installments of \$ 30,- for the 1st member and \$ 25,- for each subsequent family member. When paying the membership fee in full for the whole year, then there is a discount of 1 month. The membership fee per year is then \$ 330,- for the 1st member and \$ 275,- for each subsequent family member.
- Membership fee for interns is \$ 20,- per month.
- **Membership fee has to be paid in advance into our MCB account number 111.536.07 by name of BON. AQUATICS CLUB 'BARRACUDAS', Kaya Viol z/n, Bonaire. Please make sure to mention the member's name with each payment.**
- The registration fee or membership fee is nonrefundable.
- Members must adhere to the rules of conduct and safety of the club.

Liability Release

By signing this form, I agree that my child:
become a member of the Bonaire Aquatics Club Barracudas. I give my child permission to participate in swimming and water polo training, dryland training and competitions organized by the 'Barracudas'. My child and I are aware of the risks of participating in the activities stated above. We also understand that trainers and/or coaches of the Barracudas provide first aid to my child and will take the child to the family doctor or hospital if necessary. Neither the board of the B.A.C. Barracudas, nor the board of the Bonaire Aquatics Association, nor the trainers or coaches, nor the employees and owner of the pool are responsible for accidents, damage, stolen or lost objects, before, during or after activities of the Barracudas. This means that I as a parent/guardian am responsible for the (medical) costs that arise as a result of an accident of my child or damage for my child.

I understand this form and I agree with the content, also on behalf of my child.

Signature child: Date:

Signature parents/guardian: Date: