

BARRACUDA SWIM TEAM

2026 Registration

Name: _____ DOB: _____ Gender: F / M AGE: (as of June 1st) _____

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***Please use all working phone numbers and email addresses. The primary communication between LARAYO and its members is done by email. ***

Father's Name: _____ Cell: _____ Email: _____

Mother's Name: _____ Cell: _____ Email: _____

*****EACH FAMILY IS REQUIRED TO WORK 2 SWIM MEETS!*****

Each family is required to pay a \$200 deposit for workday/concession shifts fees. Your check will be returned to you when you work a 5-hour minimum at one of the scheduled workdays. Workdays are held prior to the start of the season. Concession work obligations during games & tournaments are not considered workdays.

Parent / Guardian Signature: _____ Date: _____

()Registration \$ _____ .00

()Membership Dues \$ _____

()Total Collected \$ _____ .00 Check #: _____

()Workday/Concession Shift Deposit \$ 200.00 Check #: _____