

**BALDWIN HILLS SWIM AND TENNIS CLUB**  
**DUES INVOICE AND MEMBERSHIP SERVICE REQUIREMENT**  
**2021**

Complete and return this sheet with dues payment (payable to Baldwin Hills Swim Club) to: Treasurer, Casey Sisulak, 1153 Jeffrey Drive, Crofton, MD 21114, 410-507-9523

**DUES: \$500.00**

**Note: Pay by May 1<sup>st</sup>, receive \$20 off dues!**

**Dues amount enclosed:** \_\_\_\_\_

**Donation enclosed:** \_\_\_\_\_

\*Donations will go towards improving the building & grounds. Your generosity and continued support are greatly appreciated.

**ADDRESS** \_\_\_\_\_

**NAME (print)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Your dues payment and signature indicates you have read the enclosed newsletter and agree to abide by all rules and policies set forth by Baldwin Hills Swim and Tennis Club and posted at [www.baldwinhillsswimclub.com](http://www.baldwinhillsswimclub.com)

**MEMBERSHIP SERVICE REQUIREMENT**

Circle one from the choices listed below

1. Spring Grounds Clean-Up and Board Meeting: Saturday, May 1<sup>st</sup> at 8:00 (back up date May 15<sup>th</sup>)
2. Fall Grounds Clean-Up: Date TBD (usually first weekend in December)
3. Clean Pool House
  - Cleaning schedule will be coordinated through the Board; if you choose this option, you will be contacted by a board member to schedule a date for cleaning (cleaning supplies provided)
4. Cut property grass – please contact [baldwinhillsswimclub@gmail.com](mailto:baldwinhillsswimclub@gmail.com) to sign up for a week if interested
5. Financial Payment \$50.00 (Check Enclosed)

**MEMBER REFERRAL PROGRAM**

Receive \$50 off your membership by referring another member family who joins. Refer 5 or more new member families that join and receive a free 2021 BHSC Membership!

# BALDWIN HILLS SWIM AND TENNIS CLUB

## BHSC MEMBERSHIP INFORMATION AND HEALTH FORM UPDATE 2021

FAMILY NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

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

MEMBERS (Print)	Child's Age	Special medical conditions (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A **PICTURE** MUST BE ON FILE AT THE POOL FOR **EACH** MEMBER LISTED ABOVE

- Provide **CURRENT** photos if pictures on file are 2+ years old

1. Provide ANY MEMBERSHIP UPDATES for the pool records.
2. Adults may use a copy of their license and children may use a copy of school pictures. If your pictures need to be updated, a note will be added to the bottom of this page.
3. Send back this health form with your dues payment.

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### PARENTAL PERMISSION FOR YOUR CHILD TO BE AT THE POOL ALONE

**Please note that any behavioral issues from your child at any time may revoke their privileges to attend the pool alone.**

MY CHILD IS AT LEAST 13 YEARS OLD AND HAS PASSED THE SWIM TEST UNDER THE SUPERVISION OF THE LIFEGUARDS AT BHSC.

CHILD'S NAME \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

TEST PASSED DATE / LIFEGUARD \_\_\_\_\_