

BALDWIN HILLS SWIM AND TENNIS CLUB
DUES INVOICE AND MEMBERSHIP SERVICE REQUIREMENT
2024

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 or PayPal using email baldwinhillsswimclub@gmail.com – **please include \$20 processing fee if using PayPal**

DUES: \$575.00

Pay by April 30th, receive \$25 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 indicate 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

MEMBERSHIP SERVICE REQUIREMENT

Circle one from the choices listed below

1. Spring Grounds Clean-Up and Board Meeting: April 13th
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 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 2024 BHSC Membership!

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BHSC MEMBERSHIP INFORMATION AND HEALTH FORM UPDATE 2024

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 payment.

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 _____