

# BALDWIN HILLS SWIM AND TENNIS CLUB

## DUES INVOICE REQUIREMENT

### 2025

Complete and return this sheet with dues payment (payable to Baldwin Hills Swim Club) to: Treasurer, Casey Sisulak, PO Box 291, Crownsville, MD 21032 or PayPal using email [baldwinhillsswimclub@gmail.com](mailto:baldwinhillsswimclub@gmail.com) – **please include \$20 processing fee if using PayPal**

**DUES: \$625.00**

**Pay by April 15<sup>th</sup>, 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](http://www.baldwinhillsswimclub.com)

**\*\*Please note that it is required to submit all paperwork, pictures, and full payment prior to ability to utilize the pool facility\*\***

### 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 2025 BHSC Membership!

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## BHSC MEMBERSHIP INFORMATION AND HEALTH FORM UPDATE 2025

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.

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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 \_\_\_\_\_