



Brownsville Independent School District
Margaret M. Clark Aquatic Center
Summer 2022 Registration Form



Participant Name: _____ Age: _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Employer: _____

Nearest Relative: _____ Relationship: _____ Ph. #: _____

Please note any physical/medical restrictions or allergies: _____

Learn-to-Swim

Children (Ages 4 – 13)

Please circle the time in the session of your choice:

Session 1

(June 06 – June 16)

~~1:45 – 2:30pm~~ **(Full)**

~~2:30 – 3:15pm~~ **(Full)**

~~3:15 – 4:00pm~~ **(Full)**

Session 2

(June 20 – June 30)

~~1:45 – 2:30pm~~ **(Full)**

~~2:30 – 3:15pm~~ **(Full)**

~~3:15 – 4:00pm~~ **(Full)**

Session 3

(July 11 - July 21)

~~9:00 – 9:45am~~ **(Full)**

~~9:45 – 10:30am~~ **(Full)**

~~10:30 – 11:15am~~ **(Full)**

~~11:15am – 12:00pm~~ **(Full)**

Fee (per session): \$50.00

Parent and Child

(Ages 10 mo. – 3)

Please circle the time in the session of your choice:

Session 1 (10mos-1yr)

(June 06 - 09)

1:00 – 1:30pm

Session 2 (2yr olds)

(June 13 - 16)

~~1:00 – 1:30pm~~ **(Full)**

Session 3 (3yr olds)

(June 20 - 23)

1:00 – 1:30pm

Fee (per session): \$25.00



Brownsville Independent School District
Margaret M. Clark Aquatic Center
Summer 2022 Registration Form

Special Participant Note: This application entitles the participant to membership and limited access to the Margaret M. Clark Aquatic Center for the Community Program in which the applicant is a participant. The access is limited to only the designated time for the Community program in which the applicant has requested membership.

All membership fees must be paid upon registration. Changes to this application can only be done if there's space available.

This privilege is pursuant to **Section III, Subsection A:** Special Events of the B.I.S.D. Community Access Package approved by the B.I.S.D. School Board on 05/22/2012.

I understand that by paying all fees related to any Aquatic Center Program being recreational, competitive, or educational; I will not be entitled to any make-ups or a refund.

Parent/Guardian Signature

Date

For office use only:

| | | | | | | | |
|------------|-------|-----------------|-------|--------------|-------|-------|-------|
| Receipt #: | _____ | Amount Paid: \$ | _____ | Form of Pmt: | _____ | Date: | _____ |
| Receipt #: | _____ | Amount Paid: \$ | _____ | Form of Pmt: | _____ | Date: | _____ |
| Receipt #: | _____ | Amount Paid: \$ | _____ | Form of Pmt: | _____ | Date: | _____ |