

Greater Baltimore Swim Association
SUNDAY STROKE CLINIC
Application

DATE:
NAME:
ADDRESS: (please provide FULL address)
PHONE:
BIRTHDATE:
GROUP & LEVEL:

I agree to abide by all Rules and Regulations of the Greater Baltimore Swim Association. I, on behalf of my child and myself, agree to hold GBSA, CCBC-Catonsville Campus, its employees and agents harmless from any and all claims for damages.

Signature of Parent: _____

MAIL COMPLETED FORM TO: Patrick Underwood
7383 Brangels Rd
Marriottsville, MD 21104

- This form and the check must be received within 6 days of your online registration**
- PLEASE MAKE CHECKS PAYABLE TO: GBSA**

A 20% MULTISWIMMER DISCOUNT WILL BE GIVEN FOR FAMILIES WITH MORE THAN ONE CHILD PARTICIPATING IN THE CLINIC. THE MOST ADVANCED SWIMMER PAYS FULL PRICE AND SUBSEQUENT SIBLINGS RECEIVE A 20% DISCOUNT OFF THEIR FEE.

