

2022 Bayside Summer Youth Program Registration Form

Return by mail, phone in or in-person at The Health & Aquatic Club at Bayside
31264 Americana Parkway, Selbyville, DE 19975 Phone: 302-436-3550

Child's Name (Please print) _____ Age/Grade _____ Contact's Name _____

Contact's Phone _____ Contact's email _____

Program Name & Date _____ \$ _____

Program Name & Date _____ \$ _____

Program Name & Date _____ \$ _____

Program Name & Date _____ \$ _____

Program Name & Date _____ \$ _____

Program Name & Date _____ \$ _____

Payment can be made by check, credit card, or put onto your member account.

Credit Card Type: Visa, Mastercard or Discover
Name on Card: _____

Make checks payable to: **Bayside Resort Golf Club**
By signing here, I authorize my membership account to be charged for summer programs & camps.

PLEASE PHONE IN 302-436-3550 OR PAY IN PERSON

Signature: _____

I have completed the following documents:

Terms of Agreement and Voluntary Indemnification and Release (1 per family) _____ Initial

Medical Permission Statement (1 per child) _____ Initial

For office use

Received Payment	Entered on Roster	Stapled Receipt	Documents in Binder

