



## Aquatics Department – Outdoor Pools Contact Information

<b>Group</b>			
<b>Contact Person</b>			
<b>Address:</b>			
<b>City/State/ZIP</b>			
<b>Daytime Phone</b>	<b>Evening Phone</b>	<b>Fax</b>	
<b>Email:</b>			

**My group is defined by the State of Maryland as a:**

**Child Care Center or Youth Camp**

**\*I am familiar and comply with the state regulations that apply as such.**

**\*I am enclosing a copy of my group's certification with this application.**

**\*I am enclosing a non-refundable \$ 25 application fee to process my request.**

**\*I have read, signed and enclosed the CA Swim Policies form.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**No registrations will be processed without the items listed above.**