

Northampton Township

2012 Swim Club Membership* Application

CIRCLE ONE: SWIM CLUB SWIM TEAM SWIM CLUB & TEAM EMPLOYEE

FAMILY NAME (Last) _____ MAIN CONTACT _____

ADDRESS _____ TOWN/ZIP _____

E-MAIL ADDRESS _____ (YOUR FIRST NAME WILL BE USED AS A PASSWORD - OR YOU MAY CHANGE YOUR PASSWORD AT ANY TIME ON OUR WEBSITE: WWW.NORTHAMPTONREC.COM)

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

*Monday through Friday Membership only, weekend swimming is unavailable
 "Family" is a husband, wife, dependent children under 21 who reside at the same address on a permanent basis
 There is no charge for children **under age 2**; however, the child's information is needed to process the membership.

| Member's first name (and last if different than family last name) | Relationship (mother, son, daughter) | Birth Date MM/DD/YY | Parental Signature granting permission for 14 and older to attend swim club alone |
|---|--------------------------------------|---------------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

REFERRED BY: _____
 Total number of members _____ Amount due \$ _____

I, _____ certify that the information provided above is accurate. I, as well as my members, understand the rules as set forth in the "Pool Rules" and agree that we (the above named members) shall be subject to said rules and regulations of the Northampton Swim Club. I (we) agree that Northampton Township shall have the right at its discretion to enforce established rules of conduct and/or cancel pool membership for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the pool as a whole.

I (we) understand that the membership is a **Monday thru Friday membership** and the pool is NOT available to the membership on weekends. I (we) further understand that transferring a membership and/or providing false information on this form, may result in loss of swimming privileges for the current season and a forfeiture of any membership fees paid.

I (we) use the pool at my (our) own risk. I (we) the undersigned am in good health. I (we) acknowledge that pool membership involves risk of bodily injury, including but not limited to fractures, head and neck injuries and the possibility of permanent disability and/or death. I (we) understand that no health and or accident insurance is provided for pool members and the undersigned parent or guardian accept full responsibility for obtaining the same or for payment of all expense in the absence of such insurance. I (we) further understand that as members of the Northampton Swim Club I (we) hereby remise, release and forever discharge Northampton Township, its employees, and agents and its heirs, executors, and administrators, of and from all and all manner of, actions, causes of action, suits, claims and demands whatsoever in law or equity arising out of the operation of, or in any manner relating to, the Northampton Swim Club where I (we) am (are) members. Having read the above release and disclaimer and understanding its implications for me (us), members of our family and guests, I (we) request membership in the Northampton Swim Club.

Signature of EACH FAMILY MEMBER 14 YEARS of AGE and older is required

- 1) _____ 2) _____ 3) _____
- 4) _____ 5) _____ 6) _____

Mail application and payment to: Northampton Township P&R, 55 Township Road, Richboro, PA 18954

A list of paid members will be kept at the Pool, cards will not be issued. To confirm receipt of your membership application, you may call the P&R office at (215) 357-6800 ext. 249.

| | | | |
|---------------------|----------------------|-----------------|-------------------|
| Office use only | | | |
| Date Received _____ | Amount Paid \$ _____ | Receipt # _____ | C / CK / CC _____ |