

2020 APPLICATION FOR MEMBERSHIP IN  
**THE CARLISLE SWIM CLUB**

P.O. BOX 500  
 CARLISLE, PA 17013

*This application is subject to action of the Membership Committee and the Board of Directors.  
 The right to refuse applicant is reserved.*

<u>Type of Membership</u>	<u>Membership Fee</u>	<u>Annual Dues</u>	<u>Amount Paid:</u> _____
____ Family 4+	\$150	\$400	<u>Date:</u> _____
____ Family 3	\$150	\$370	<u>Telephone (home):</u> _____
____ Family 2	\$150	\$340	<u>Spouse 1(work):</u> _____
____ Individual	\$150	\$230	<u>Spouse 2(work):</u> _____
<b>(** Membership types defined below.)</b>			<u>Email Address:</u> _____

Name of Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 (Please Print) (Couple or Family Membership Only)

Address: \_\_\_\_\_  
 (Street) (City & State) (Zip Code)

Occupation: \_\_\_\_\_ Name of Company: \_\_\_\_\_

**Children:** (Please list all children age 22 and under. All children listed must be members of the applicant's immediate family.)

<u>Name (age 22 and under)</u>	<u>Date of Birth</u>	<u>Name (age 22 and under)</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Recommended By:**

**Swim Club Member:** \_\_\_\_\_  
 (Signature) (Please Print Name)

**Swim Club Member:** \_\_\_\_\_  
 (Signature) (Please Print Name)

By signing below, it is understood and agreed that:

- I understand that I am responsible to notify the Carlisle Swim Club Board of Directors of any changes that occur to this membership.
- All persons included in the membership (and their guests) shall abide by the Rules & Regulations of the Carlisle Swim Club. Failure to do so will result in the termination of the membership and forfeiture of all fees.

I certify that the information included in this application is valid and correct, that I have read the Assumption of Risk Agreement on the **back of this application**, and intend to be legally bound by it. I further understand and agree that any incorrect information given shall be significant cause to terminate this membership. I also hereby acknowledge that I have read and clearly understand the Rules & Regulations and By-Laws of the Carlisle Swim Club.

**Signature of Applicant:** \_\_\_\_\_

(Please do not write below this line)

**Membership Fee Paid:** \_\_\_\_\_ **Board Approval:** \_\_\_\_\_  
 (Amount) (Date) (Cash/Check#) (Date)

**\*\* Membership Types:**

**Family** –The family membership is available for parent(s) or guardian(s) and any of their unmarried children 22 years of age and under who are residing in the same household. Children under the age of 2 on May 1, 2020 are free and not included in the family count. Children over the age of 22 can be included so long as they are dependent, unmarried, and qualify as full time students. Cousins, nieces/nephews, grandparents, grandchildren, aunts/uncles, babysitters, roommates, etc. are NOT eligible for inclusion in a family membership.

**Individual** – Covers a single adult age 18 or over.

## **ASSUMPTION OF RISK AGREEMENT**

I, the undersigned, realize that there may be medical risks and risk of injury or death associated with physical exercise, the use of this facility, or the use of equipment within the facility. I/We also recognize that the Carlisle Swim Club cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to the use of the facilities, or use of the equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OF MY/OUR CHOICE BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN THE FACILITIES. I/WE ALSO ASSUME ALL RESPONSIBILITY FOR ABIDING BY THE RECOMMENDATIONS OF THAT MEDICAL PRACTITIONER, INCLUDING BUT NOT LIMITED TO, AS THEY PERTAIN TO LIMITATIONS ON EXERCISE, PARTICIPATION IN CARLISLE SWIM CLUB PROGRAMS AND USE OF CARLISLE SWIM CLUB FACILITIES OR EQUIPMENT WITHIN THE CARLISLE SWIM CLUB FACILITIES.

I/we expressly agree to accept and assume all of the risks existing in my use of the facility, its equipment, and my/our participation in Carlisle Swim Club activities.

I/we also agree that all persons included in this membership (and their guests) shall abide by the Rules & Regulations of the Carlisle Swim Club. Failure to do so will result in the termination of the membership and forfeiture of all fees.