

Lake Hiawatha Swim Club: 2012 Membership Application

We're on the Web! www.LakeHiawathaSwimClub.com Questions? E-mail: info@lakehiawathaswimclub.com
 For membership information, call Estelle Freeman 973-334-7083 or Charles St John 862-222-1494
 Open Memorial Day Weekend: May 26, 27, 28 from 11am-6pm; Open weekends from May 26 to June 23 11am-6pm
Regular season begins Monday June 25. Weekday hours 12pm-7pm; Weekends 11am-7pm

LAST NAME: _____ Member in 2011? Yes No

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

First Name	Date of Birth	Age	E-mail address – one per family

RENEWALS ONLY: Mail your completed application and payment to:
 Lake Hiawatha Swim Club; PO Box 125; Lake Hiawatha, NJ 07034

Please include your passes from last year and a self-addressed stamped envelope. Your passes will be validated and mailed back.
~~ THERE WILL BE A \$10 CHARGE TO REPLACE A LOST PASS. ~~

MEMBERSHIP OPTIONS AND GUIDELINES:

OPTION 1: FAMILY MEMBERSHIP. A Family* consists of **2 Adults** and up to **3 children through the age of 18** living at the same address.

⇒ Additional children (age 2-18) may be added for \$40 each if **living at the same address**. Proof of residence is required.

OPTION 2: INDIVIDUAL MEMBERSHIP - anyone 13 years of age or older

STANDARD RATES:

\$575.00 For a **FAMILY** membership after May 1st.

☞ \$490.00 Family membership paid in full before May 1st

LOCKER RENTAL FEE: \$40

\$200.00 For an **INDIVIDUAL** membership after May 1st

☞ \$175.00 Individual membership paid in full before May 1st

Guest Fees: Adults \$15 Children 12 and under \$10

ADVERTISED SPECIAL RATE:

Bring in a new family (**one that has not been a member within the last 2 years**) and both families pay \$400.00 each!

~~~~~ Please put both families' applications and checks in the same envelope! ~~~~~

Offer expires **June 5th**. No exceptions. A Family* consists of **2 Adults** and up to **3 children through the age of 18** living at the same address.

Existing Family / E-mail address: _____

New Family Being Sponsored / E-mail address: _____

***Substitutions:** A nanny or grandparent may be substituted for a spouse in a family membership if **living at the same address**.

Select Membership Type: Family Individual Special

The acceptance of this membership is with the understanding that the use of the pool, services, equipment and facilities of the LHSC is at the user's risk. User does hereby release and discharge the LHSC, its agents and employees, from any and all claims, demands, or actions arising out of the use or intended use of the pool, facilities, services or equipment, including without limitation, any claim for personal injuries, resulting from or arising out of the negligence of the LHSC, its agents, officers, or employees. I have received a copy of the Rules and Regulations and agree to follow them under penalty of loss of privileges. Rain checks will be given at the manager's discretion. **ABSOLUTELY NO REFUNDS ON ANY FEES.**

DATE: _____ **MEMBER SIGNATURE**:** _____

**Any alterations made to above agreement will result in rejection of membership application.

FOR OFFICE USE ONLY:

Total No. Members	Cash or Check No.	Photos validated?	
Cost of Membership	Locker No.	Initials:	