

Springwood Swim Club Membership

4554 Concord Blvd. | P.O. Box 21394 | Concord, CA | 94521 • Pool Phone: (925) 798-3493

Membership Registration

Family Name: _____ Date: _____

Home Phone: _____ E-mail: _____

How do you wish to be contacted regarding Club activities, updates, newsletters billing statements?

CHECK One: E-MAIL MAIL *To reduce printing & postage costs, we would like to use e-mail where possible.*

Adult Name(s): _____

Cell Phone #: _____

Work Phone #: _____

Home Address: _____

Family members that are eligible to use Club membership (must live in the house or will need to pay guest fees) or children's daycare provider (only provider can use club without paying guest fees)

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Other eligible members, state name and relationship:

Doctor's Name: _____ Phone: _____

Medical Insurance Carrier / Group # / ID _____

Dentist's Name: _____ Phone: _____

In case of emergency (if members unavailable) please notify:

Emergency Contact: _____ Phone: _____

Medical conditions /information that we should be aware:

How did you hear about Springwood? Is there a SPW member, we should thank for recruiting you?

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FULL RELEASE AND INDEMNIFICATION AGREEMENT

(Please read and sign)

For and in consideration of my family's participation and use of Springwood Swim Club and other valuable consideration, the undersigned parents or guardian(s) consent to their family participating in activities and the use of Springwood Swim Club and release Springwood Swim Team, Springwood Swim Club, its members, officers and/or Board of Directors from any liability or claim resulting from any accident or injury sustained by the family during or while traveling to or from Spring Wood Swim club, club activities (i.e. swim meets,) or events; further I/we agree to indemnify and assume all expenses, costs and fees, and loses arising from said injury or accident to said family; and to hold Springwood Swim Team, Springwood Swim Club, its members, officers, employees, and board of Directors free and harmless there-from.

Our family has received a copy of the Pool Rules and as a member(s) of the Springwood Swim Club, agrees to abide by all rules.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Please mail completed forms & monies to:

Springwood Swim Club, P. O. Box 21394, Concord, CA 94521

OR GIVE PAPERWORK TO GATE KEEPER AT THE CLUB.

Please read and sign statement on page 2.