



Swim Club
Waters Edge Tennis Club

Membership Application

FAMILY NAME _____

ADDRESS _____ Apt. _____

E-MAIL _____

PHONE _____

FIRST NAME	AGE	MEMBERSHIP TYPE	FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please make checks payable to AMVERSEV ASSOCIATION, INC. (No monies will be refunded after May 31ST.)

I the undersigned applicant state that I have read and understand the **RULES AND REGULATIONS** attached here and that I and my family agree to abide by same. We further understand that violation of said **RULES AND REGULATIONS** could result in cancellation of membership.

In addition, applicant does hereby release and agree to Identify and hold harmless the Managing Agent, the owner of the swim club and the facilities management corporation from and against any and all claims including, without limitation claims based upon the managing agent's, owners and the recreation management companies negligence for damages or loss sustained by applicant or guest of applicant.

Proof of residency will be required at the time of registration. (ie. driver's license, proprietary lease, telephone bill, etc.)

Passes _____ No. _____

ID _____

Concession _____

APPLICANT'S SIGNATURE

DATE