

# NORTHWOOD PARK SWIM CLUB MEMBERSHIP FORM

Pool Member – Certificate Holder and legal dependent(s) of their household (Bylaws, Article IV, Section 3)

Last Name: \_\_\_\_\_

Membership #: \_\_\_\_\_

## Certificate Holder(s) Name(s):

First Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

| Dependent's Name | Birth Date (mm/dd/yy) | Age |
|------------------|-----------------------|-----|
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Check Box When Using the Additional Dependents List.

## Emergency Contact Information:

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I (We) have reviewed the **Rules and Regulations** for **Northwood Park Swim Club** and agree to abide by them as they are administered by its Employees and/or the Board of Directors. I (We) attest that the child(ren) listed above are my (our) legal dependents and will provide legal documentation of guardianship upon request by the Board.

I (We) authorize **Northwood Park Swim Club**, its Employees, the Board of Directors, and Members to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident, injury or illness. I (We) agree to provide payment for such expenses without protest. Every reasonable effort will be made to contact me (us), the legal guardian(s), as soon as possible.

I (We) hereby release **Northwood Park Swim Club**, the Board of Directors, Employees, Members, and any person associated, from any and all loss or damages resulting therefrom on account of accident, injury, or illness while present. I (We) agree that this release and waiver is intended to be as broad and inclusive as permitted by the State of Oregon, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

MEMBER SIGNATURE

DATE

(Email addresses will only to be used to keep members informed of any updates relating to the pool and membership.)

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## Additional Dependents:

| Dependent's Name | Birth Date (mm/dd/yy) | Age |
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