

FREESTATE SWIM CLUB REGISTRATION

MEMBERS NAMES (PLEASE PRINT AND FILL OUT FORM COMPLETELY)

ADULT 1) _____
LAST FIRST

ADULT 2) _____

CHILD 1) _____ *DOB* _____

CHILD 2) _____ *DOB* _____

CHILD 3) _____ *DOB* _____

CHILD 4) _____ *DOB* _____

ADDRESS _____ *ZIP* _____

EMAIL _____

HOME PHONE _____ *WORK PHONE* _____

EMERGENCY PHONE _____ *RELATIONSHIP* _____

We have read, understand, and agree to comply with all Freestate Swim and Family Activity Center rules and policies. We are also aware that the pool manager or lifeguard shall handle any situations that arise that may not be specifically covered in the rules. Including, but not limited to, ejecting any person(s) endangering the safety of others or for improper conduct. We are aware that violations of said rules and policies may result in forfeiture of membership.

SIGNATURE _____ *DATE* _____

REGISTRATION FEE *CHECK #* _____ *AMOUNT* _____ *DATE* _____

CASH AMOUNT _____ *DATE* _____

Freestate Swim Club
P.O. Box 294
Chase, MD 21027-0294
410-804-8974