



# Atholton Swim Club

## New Membership Form & Emergency Contact Information

Please complete both sides and return this form with your payment. A copy of the emergency contact information will be kept on file at the pool.

Primary Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email \_\_\_\_\_

All members listed below must reside in the same household on an annual/summer long basis.

First Name	Last Name	Date of Birth	Relationship to Primary Member
2.			
3.			
4.			
5.			
6.			
*7.			
*8.			

\* Additional Fees Apply

Membership	Bonded _____	Associate _____	Cuda _____	(Check one)
Household Size	Household _____	Two-Individual _____	Individual _____	(Check one)
Membership cost (see above chart)	(Include the price of bond if applicable)			
Additional Household Members	(number purchased) _____	* \$25 =		
		Subtotal =		
		Discount (if applicable) =		
		Total Enclosed=		

Membership Type (Please refer to website for new member discounts)	Bonded Member \$300 Bond	Associate Member
<b>Household</b> (up to 6 individuals who reside in the same home) \$25 each additional member	\$525	\$625 Active Duty Military \$525
<b>Two-Individuals</b>	\$315	\$395 Active Duty Military \$315
<b>Individual</b>	\$210	\$265 Active Duty Military \$210
<b>*Cuda</b> (2 consecutive weeks)	---	\$150

\* Perfect for Campers or Swim Lesson Participants and their families (up to 6 people)

Please complete the next page with your emergency contact information.



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### Emergency Contact Information

This must be completed for memberships with children under the age of 18.

Name	Relationship	Primary Phone #	Secondary Phone #

ASC is a self-managed pool run by volunteers. Please indicate your availability to volunteer in one of these areas:

Maintenance \_\_\_\_\_ Marketing \_\_\_\_\_ Social \_\_\_\_\_ Tennis \_\_\_\_\_ Swim Lessons \_\_\_\_\_

Spring Clean Up \_\_\_\_\_ Fall Closing \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify) \_\_\_\_\_

By submitting this membership form to Atholton Swim Club I hereby consent to the use of quotes, and the taking of photographs and videos of the persons named above and their guests by persons authorized by the Atholton Swim Club Board for the purpose of pool marketing materials. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Atholton Swim Club and its board of directors, agents, and employees from all claims, demands, and liabilities whatsoever in connection with the above. If you choose to opt out of this photograph and video release please email our webmaster at atholtonswimclub.webmaster@gmail.com.

By submitting this application, I attest that all the members listed on this application reside within the same household on an annual/summer long basis. I understand that as a member, I will be entitled to the use of the Club's facilities, as will the household members identified on my membership application and guests, all in accordance with the By-Laws and Rules & Regulations of the Club. I have read and understand the By-Laws and Rules & Regulations and will abide by the Club's By-Laws and Rules & Regulations. I understand that failure to do so may result in the suspension and/or termination of my membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### RETURN COMPLETED FORM & PAYMENT TO:

**ATHOLTON SWIM CLUB**  
**PO BOX 85**  
**SIMPSONSVILLE, MD 21150**

#### For office use only:

Received by:	
Check Number:	Bond#:
Check Amount\$	
Date Received:	