

PINE RIDGE SWIM CLUB
2454 Pleasant View Drive
York, PA 17406
(717) 755-9577



MEMBERSHIP APPLICATION



Applicant: _____ **Spouse:** _____

Address: _____ **Phone:** _____

City: _____ **Zip Code:** _____

Applicant's Place of Employment: _____

Address: _____ **Phone:** _____

City: _____ **Zip Code:** _____

Spouse's Place of Employment: _____

Address: _____ **Phone:** _____

City: _____ **Zip Code:** _____

Children*: _____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

_____ **Date of Birth:** _____ **Age:** _____

* Please indicate if child's last name differs from applicants.

I, the undersigned, do for myself, heirs, executors and assignees, waive and release any and all rights and claims for damages against *Pine Ridge Swim Club*, his or her agents, or authorized representatives, for any and all damages which may be suffered by my membership at the *Pine Ridge Swim Club*. I am also aware that the *Pine Ridge Swim Club* carries no Liability Insurance and that I will be using the *Club* facilities at my own risk.

For office use only	
Date: _____	Paid: _____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ **Date:** _____