



Pine Ridge Swim Club
2454 Pleasant View Drive
York, PA 17406
717-755-9577
pineridgeswim@gmail.com



MEMBERSHIP APPLICATION

Please Print

Applicant: _____

Spouse: _____

Address: _____

Phone: _____

City: _____ Zip Code: _____

Email: _____

Applicant's Place of Employment: _____

Address: _____

Phone: _____

City: _____ State: _____

Zip Code: _____

Spouse's Place of Employment: _____ ++ _____

Address: _____

Phone: _____

City: _____ State: _____

Zip Code: _____

| Child's Name | Relationship | Date of Birth | Age |
|--------------|--------------|---------------|-----|
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*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: _____

_____ Paid: _____

_____ Paid: _____

_____ Paid: _____

_____ Paid: _____

Signature: _____

Date: _____