

## 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:	
Children*:	Date of Birth:	Age:
	Date of Birth:	Age:
*Please indicate if child's last name dif	ffers from applicants.	
I, the undersigned, do for myself, heirs, execut release any and all rights and claims for damage	101011	ice use only
<b>Club</b> , his or her agents, or authorized represen		Paid:
which may be suffered by my membership at		Paid:
also aware that the <i>Pine Ridge Swim Club</i> carr		Paid:
and that I will be using the Club facilities at my		Paid:
-		Paid:
Signature:	Date:	