



# WOODCROFT CLUB

## Swim Team ONLY Membership Application

### Member Information

Applicant's Name: \_\_\_\_\_  
 Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ WC resident? Y or N Neighborhood: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Additional Swimmer's (If Applicable) Please list first and last names

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Membership Category

How did you hear about the Woodcroft Club? *Money Mailer* *Friend/Neighbor*  
*Real Estate Office* *Community Association*  
 Other \_\_\_\_\_

<b>1 Swimmer</b>	<b>2 Swimmers</b>	<b>3 Swimmers</b>	<b>4 Swimmers</b>	<b>5 Swimmers</b>
<b>\$150.00</b>	<b>\$200.00</b>	<b>\$250.00</b>	<b>\$300.00</b>	<b>\$350.00</b>

I understand that in addition to the Swim Team membership fee a Swim Team Registration fee and any other applicable fees related to swim team must be paid in order to participate on the swim team.

### Billing and Payment:

Dues may be paid by one of the following two options:

- \_\_\_\_\_ 1. In Full by Credit Card (Visa or MasterCard)
- \_\_\_\_\_ 2. In Full by Cash or Check  
 (Membership must be secured with a credit card)

I understand that my signature below authorizes the Woodcroft Club to draft my credit/debit card for the dues I owe for the Swim Team ONLY Membership.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Rules and Regulations - (THIS MEMBERSHIP IS FOR NEW MEMBERS ONLY.)

Is agreed in this membership and all persons using the Club are bound by and agree to comply with all the rules and regulations of the Woodcroft Club, stated in the Rules & Regulation Book. Management reserves the right to amend the rules periodically as deemed necessary.

I understand that a Swim Team ONLY membership does NOT allow myself and/or family to use the pool at our leisure. I also understand that this membership grants the swimmer(s) listed full access to the facility ONLY during the swim team season, May 11th-July 10th, 2010. I agree to make sure that my swimmer(s) understands that this membership will allow him/her full access to the facility only through out the above listed dates.

I understand that all dues are non-refundable after the billing date. I further understand the Woodcroft Club reserves the right to levy any late fees on returned check or declined electronic draft charges. (Please note that the above fees are subject to change periodically and I will receive written notice before this happens.)

It is agreed that this membership does in no way confer any ownership or liability to the Woodcroft Club property or assets. I the undersigned, certify that I am the parent or guardian of the above named swimmer(s), that he/she is in good physical condition and I give my permission for him/her to participate in the Woodcroft Swim Team Program. I agree to assume full responsibility for any injuries incurred by him/her in connection with such participation. I fully understand there are risks inherent in the use of the club facility by its nature and I am willing to assume those risks for myself (and my family).

I understand that once this application is accepted, the Swim Team ONLY membership dues are non-refundable. I also understand that if I choose to terminate my membership for any reason, already processed dues will not be refunded. I understand that this Swim Team ONLY membership option is only available to me for two years at which time a Full membership with Initiation Fee will be necessary to continue participation. I understand that if I choose to become a member after the first season but before the end of the second year swim season that the initiation fee will be waived. I understand that in addition to the Swim Team membership fee a Swim Team Registration fee and any other applicable fees related to swim team must be paid in order to participate on the swim team.

By my signature below, I hereby understand and accept all of the above terms, applying this application for membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY

Date Received:

Staff:

Member #:

Date Entered into Database:

Handbook Given:

Initiation Fee Paid by:

Dues Paid by: