



Howell Pointe Swim Club



22 Howell Road, Freehold, NJ 07728

Phone 732-414-2172/www.howellpointeswimclub.com/Fax 732-414-2176

2012 MEMBERSHIP APPLICATION

PLEASE PRINT

Office Use Only

LAST NAME

ADDRESS

CITY

STATE

ZIP

Date received _____

Check # _____

Check Amt _____

Balance Due _____

HOME PHONE #

E-MAIL:

PARENT OR GUARDIAN

PARENT OR GUARDIAN

FIRST NAME

FIRST NAME

CELL #

CELL #

LIST ALL UNMARRIED CHILDREN UNDER 25 RESIDING AT YOUR ADDRESS

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>GENDER</u>	
1)	_____	_____	M	F
2)	_____	_____	M	F
3)	_____	_____	M	F
4)	_____	_____	M	F
5)	_____	_____	M	F

*ALL MEMBERS WILL BE NOTIFIED AS TO SCHEDULE FOR OBTAINING PHOTO I.D. CARDS

MEMBERSHIP FEES

*TYPE OF MEMBERSHIP

- *FAMILY MEMBERSHIP-TWO PARENTS-1 OR MORE CHILDREN
- *SINGLE PARENT FAMILY-ONE PARENT-1 OR MORE CHILDREN
- *HUSBAND & WIFE (NO CHILDREN)
- *INDIVIDUAL- ONE ADULT OVER THE AGE OF 18
- *SENIOR CITIZEN SINGLE (62 YEARS OF AGE OR OLDER)
- *SENIOR CITIZEN COUPLE (62 YEARS OF AGE OR OLDER)

<u>FEE</u>	<u>CHECK BOX</u>
\$1,050.00	<input type="checkbox"/>
\$880.00	<input type="checkbox"/>
\$880.00	<input type="checkbox"/>
\$440.00	<input type="checkbox"/>
\$225.00	<input type="checkbox"/>
\$425.00	<input type="checkbox"/>

*I understand that my participation at the Howell Pointe Swim Club is voluntary. I also understand that while every effort is made by the staff and management to insure the safety of all members and their guests, Howell Pointe Swim Club, LLC assumes no responsibility for any injuries or accidents that occur. Each individual using our facilities is doing so at his or her own risk. By signing this document, I agree to release Howell Pointe Swim Club, LLC from any and all liability with respect to any injury or accident that may occur at this facility. It is further understood that the responsibility, care, well being, and supervision of minors is the responsibility of their parent/s or adult guardian while at this facility. Howell Pointe Swim Club, LLC shall not be responsible for any bodily injury, harm or accident to any member or guest that may take place while at this facility. I, the undersigned, have read and agree to abide by all the rules and regulations of the Howell Pointe Swim Club and do further agree to inform all persons listed on this application. Each member should review the rules and regulations. Howell Pointe Swim Club, LLC shall not be responsible for lost or stolen property.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE