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Howell Pointe Swim Club

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22 Howell Road, Freehold, NJ 07728

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

2023 MEMBERSHIP APPLICATION

PLEASE PRINT		Office Use Only			
		Date received	nee ose only		
LAST NAME		Check #			
ADDRESS		Check Amt			
CITY STATE	Zip Code	Balance Due			
	•				
HOME PHONE #	E-MAIL:				
			-		
PARENT OR GUARDIAN		OR GUARDIAN			
	FIRST N	AME			
CELL #	CELL #				
LIST ALL UNMARRIED CHILDREN UNDER 25 RESIDING AT YOUR ADDRESS					
NAME	BIRTH DATE		NDER		
1)	DINTIDATE	<u>SCI</u>	F		
2)		. <u>M</u>	F	-	
3)		. <u>M</u>	F	-	
4)		 M	F	•	
5)		M	F		
*ALL MEMBERS WILL BE NOTIFIED AS TO SCHEDULE FOR OBTAINING PHOTO I.D. CARDS					
M	EMBERSHIP FE	ES	_		
*TYPE OF MEMBERSHIP			2023	<u>CHECK</u>	
			FEES	BOX	
*FAMILY MEMBERSHIP-TWO PARENTS-1 OR MORE CHILDREN			\$1,400.00		
*SINGLE PARENT FAMILY-ONE PARENT-1 OR MORE CHILDREN			\$1,175.00		
			\$825.00		
*INDIVIDUAL- ONE ADULT OVER THE AGE OF 18			\$625.00		
*SENIOR CITIZEN SINGLE (62 YEARS OF AGE OR OLDER)			\$475.00		
*SENIOR CITIZEN COUPLE (62 YEARS OF AGE OR OLDER) *I understand that my participation at the Howell Pointe Swim Club is voluntary. I also understand that while every effort is			\$675.00		
made by the staff and management to insure the safety of all membe	,	,			
assumes no responsibility for any injuries or accidents that occur. Ea	-				
her own risk. By signing this document, I agree to release Howell Po	*	, ,			
with respect to any injury or accident that may occur at this facility. It well being, and supervision of minors is the responsibility of their pare					
Pointe Swim Club, LLC shall not be responsible for any bodily injury,	-	•			
take place while at this facility. I, the undersigned, have read and agr	ree to abide by all the rules a	nd 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 b		en property.			
			_		
SIGNATURE OF PARENT OR GUARDIAN		DATE			
SIGNATURE OF PARENT OR GUARDIAN		DATE	-		