

NORTHWOOD POOL MEMBERSHIP FORM

PO Box 20152 Keizer OR 97307

LAST NAME: _____
Membership # _____

KEY(S)# _____

CERTIFICATE HOLDER(S):

First Name _____ Phone: _____ Email: _____

First Name _____ Phone: _____ Email: _____

STREET ADDRESS: _____ City _____ Zip _____

Child's Name	Birth Date (mm/dd/yy)	Age

EMERGENCY CONTACTS:

NAME _____ PHONE _____

NAME _____ PHONE _____

I (We) have received a copy of the **Rules and Regulations** for **Northwood Park Swim Club** and agree to abide by them as they are administered by the pool manager and/or the Board of Directors.

I(We) authorize **Northwood Park Swim Club**, it's pool manager, employees and members to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident, injury or illness. I(We) agree to provide payment for such expenses without protest. Every reasonable effort will be made to contact me (us), the parents(s), as soon as possible.

MEMBER SIGNATURE

DATE

(Email addresses will only to be used to keep members informed of any updates relating to the pool and membership.)

NORTHWOOD PARK SWIM CLUB