

NORTHWOOD POOL MEMBERSHIP FORM

Pool Member – Certificate Holder and legal dependent(s) of their household (Bylaws, Article IV, Section 3)

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: _____

Dependent'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) attest that the child(ren) listed above are my (our) legal dependents and will provide legal documentation of guardianship upon request by the Board.

I (We) authorize **Northwood Park Swim Club**, its 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 legal guardian(s), as soon as possible.

MEMBER SIGNATURE

DATE

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

NORTHWOOD PARK SWIM CLUB