

**NEWFIELD SWIM CLUB**

PO BOX 522  
NEWFIELD, NJ 08344  
newfieldswimclub.com  
[newfieldswimclub@comcast.net](mailto:newfieldswimclub@comcast.net)

**APPLICATION FOR TRIAL MEMBERSHIP**

FAMILY NAME: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*Parent Information:*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email Address: \_\_\_\_\_

| <i>Child's First Name (Last Name if different)</i> | <i>Age</i> | <i>Date of Birth</i> | <i>Medical Conditions or Allergies</i> |
|----------------------------------------------------|------------|----------------------|----------------------------------------|
|                                                    |            |                      |                                        |
|                                                    |            |                      |                                        |
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|                                                    |            |                      |                                        |

*Emergency Contact Information:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

- The cost of this Trial Membership is **\$450.00** payable in advance.
- I would like to apply for a Trial Membership to the Newfield Swim Club. I understand this Trial Membership is good for the **CURRENT SEASON ONLY**.
- I understand that Trial Members and/or children are expected to comply with all pool rules. Failure to follow rules will constitute expulsion from pool, as well as forfeiture of any monies paid.
- Trial Members are entitled to full use of the facilities except for the following:
  - Trial Members are not permitted to bring guests (including relatives)
- At any time, if I wish to become a full member, I may complete an application for Membership and submit it to the board for review.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_