

NEWFIELD SWIM CLUB

PO BOX 522
NEWFIELD, NJ 08344
newfieldswimclub.com
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>

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

- The cost of this Trial Membership is **\$500.00** 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:** _____