

Lake Hiawatha Swim Club: 2021 Membership Application

Website: www.LakeHiawathaSwimClub.com E-mail: info@lakehiawathaswimclub.com

For membership questions, call 973-335-3576.

Visit us on Facebook at "Lake Hiawatha Swim Club" and on Instagram at @lakehiawathaswimclub

Opening Weekend is June 19th-20th, 2021

Regular season begins June 25th, 2021

Weekday hours 12pm-7pm; Weekends 11am-7pm; Holidays 11am-7pm

LAST NAME: _____ Member in 2020? Yes No

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

NOTE: Your email address will be used for your QR code. Please print accurately and clearly.

First Name	Date of Birth	Age	E-mail address – one per family

NEW AND RENEWING MEMBERS: Mail your completed application and payment to:

Lake Hiawatha Swim Club; PO Box 125; Lake Hiawatha, NJ 07034

NEW! We are no longer using passes but are implementing QR Codes. Please send in your application and payment as normal and we will explain the check-in process to you when you come in for registration dates or your first arrival.

MEMBERSHIP OPTIONS AND GUIDELINES:

OPTION 1: FAMILY MEMBERSHIP - A Family consists of 2 Adults and up to 3 children up to and including the age of 18 residing at the same address

Additional children (age 3-18) may be added for \$45 each they must reside at the same address. Proof of residence is required. A Grandparent or Caretaker may take the place of a spouse on a family membership.

\$520.00 (includes 20% discount) if paid **before** May 31st

\$650.00 **after** May 31st

OPTION 2: INDIVIDUAL MEMBERSHIP - anyone 15 years of age or older

Anyone under the age of 15 must be accompanied by an adult to enter pool grounds

\$200.00 (includes a 20% discount) if paid **before** May 31st

\$250.00 **after** May 31st

Select Membership Type:

Family

Individual

Child with guardian under 13 yrs

Guardian name _____

The acceptance of this membership is with the understanding that the use of the pool, services, equipment and facilities of the LHSC is at the user's risk. User does hereby release and discharge the LHSC, its agents and employees, from any and all claims, demands, or actions arising out of the use or intended use of the pool, facilities, services or equipment, including without limitation, any claim for personal injuries, resulting from or arising out of the negligence of the LHSC, its agents, officers, or employees. I have received a copy of the Rules and Regulations and agree to follow them under penalty of loss of privileges. **THERE ARE ABSOLUTELY NO REFUNDS ON ANY FEES. NO RAINCHECKS WILL BE GIVEN FOR INCLEMENT WEATHER.**

DATE:

MEMBER SIGNATURE**:

**Any alterations or false statements made to the above agreement will result in cancellation of membership application.

FOR OFFICE USE ONLY:

Total No. Members		Cash or Check No.		Locker Fee	
Cost of Membership		Locker Number(s)		TOTAL PAID	