

WOODLAKE SWIM CLUB

APPLICATION for MEMBERSHIP

Return application with Member Release to
 1445 Lochbrae Rd, Sacramento 95815
 To leave a message, phone 925-5555

Applicant Name	
Name of Spouse or Significant Other	
Family Name - membership in family name	
ADDRESS	
PHONE	
E-MAIL ADDRESS	
“Unmarried members of the family residing with applicant” (see Bylaws, IV.B.)	Name
	Name
	Name
TRADE/SPECIALITY that you can share to help maintain facilities.	

References (both must be Woodlake Swim Club members & personally sign application).

Name	Address
1.	
2.	

I understand that this application is subject to approval of the Board of Directors. If approved, applicant becomes a probationary member. If, by the end of the swimming season (or after at least a 6-week period) applicant has shown by his/her actions and/or the actions of others using this membership that he/she is a satisfactory new member, the Board of Directors will give final approval.

If, at the end of the swimming season, the Board refuses this application, the membership fee will be refunded. If at any time during the swimming season, the conduct of applicant or others using this membership is unsatisfactory in the opinion of the Board of Directors, a prorated portion of the year’s dues will be refunded, and applicant removed from the rolls.

By signing this application, I hereby agree to obey the Pool Rules, the General Membership Rules and the Guest Rules; to pay dues at the beginning of the swimming season; and to keep the Board of Directors informed of change in my contact information.

Applicant Signature	Date

By initialing here _____, I agree that I received a copy of the bylaws and signed the Member Release Form and hereby acknowledge that I am aware of the rules that my household members, my guests, and I must follow.

For Club use: Board review date _____.

WOODLAKE SWIM CLUB, Inc.
1445 Lochbrae Road, Sacramento

For Office Use:
Keep on file
during active
membership.

Member Release

This Member Release Form is required as part of your membership and is the responsibility of the person signing the application to keep the information current. Each household member is expected to read and understand the content before signing. If you have questions, you are expected to present those questions to a current Board member.

Name of Applicant _____

Family Name in which Club membership is held: _____

Household Address _____

Home Phone _____ **Mobile Phone** _____

Instructions to complete form:

1. List each member in household with their full name. **PRINT CLEARLY PLEASE**
2. Each listed member of the household who is 18 years and older **MUST sign** next to their printed name in order to use the Club's facilities;
3. If under age 18, parent's signature required next to child's name and *date of birth*.
4. If you are using a caregiver (or grandparent) to bring and supervise your child at the pool only, you must print the name below and identify as caregiver. **There is an additional \$50 fee for each caregiver (grandparent).**

Print Member Name	Birth date if under 18 years.	Signature

As a member of the Woodlake Swim Club, Inc., I agree to use the facilities at my own risk and hereby, for myself, my heirs, executors and administrators waive and release any and all right and claims for all damages that I might have against the Woodlake Swim Club., Inc., or its agents, for any and all injuries which may be suffered by me in connection with the use of the facilities or any related activities having to do with the Woodlake Swim Club, Inc. and I agree to hold the Woodlake Swim Club, Inc. harmless therefrom. I further agree to pay for any and all defendants' legal costs and attorney's fees resulting from any lawsuit that I or my family may bring against the Woodlake Swim Club, Inc., its board of directors or members.

I have read and understand the above Woodlake Swim Club Member Release Form.

Print Name _____ **Signature** _____ **Date** _____