



# Sippihaw Swim Club

## Membership Application - 2019

We rely on memberships for the success and longevity of Sippihaw Swim Club as your neighborhood pool. Policies and rates are not negotiable. Proof of residency is required for all Family Memberships with more than two adults. Proof of age is required for Senior Memberships (one member must be at least 60 years old).

Membership Level	Dues	Amount Due
<b>Family Membership: Up to 2 adults &amp; 4 children ALL residing together</b>	<b>\$485</b>	
• Adult child living in household age 19+ (each)	add \$90	
• Additional child living in household age 1-18 (each)	add \$50	
• Babysitter fee (per babysitter)	add \$50	
<b>Couple Membership: 2 people residing together, at least 1 must be an adult</b>	<b>\$375</b>	
<b>Single Membership: 1 adult 18+ years of age</b>	<b>\$285</b>	
<b>Senior Membership: 2 married/coupled adults residing together, one aged 60+</b>	<b>\$325</b>	
• Grandchild added to senior memberships only (each)	add \$80	
<b>***Returned Check Fee \$35***</b>		
<b>Total Amount Enclosed or Paid Online*</b>		<b>\$</b>

\*If paid online at [www.squareup.com/store/swim](http://www.squareup.com/store/swim) , please write receipt # here: \_\_\_\_\_

### Member Information

Adult #1 \_\_\_\_\_ Email \_\_\_\_\_ Cell # \_\_\_\_\_  
 Adult #2 \_\_\_\_\_ Email \_\_\_\_\_ Cell # \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Children on Membership Age 0-18

Up to 4 children who reside together are included in Family Membership.  
 Child #1 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child #4 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child #2 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child #5 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \$50  
 Child #3 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Child #6 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \$50

### Adult Children on Family Membership Age 19+

Up to 2 adults who live in household are included in Family Membership. Adult children may be added; other adults in household must purchase their own membership.

#### PLEASE INCLUDE PROOF OF RESIDENCY FOR ALL ADULTS IN HOUSEHOLD

Adult #3 Full Name \_\_\_\_\_ (add \$90)  
 Adult #4 Full Name \_\_\_\_\_ (add \$90)

### Grandchildren on Senior Membership Age 0-18

Grandchild must be accompanied by the senior member at all times. Adult grandchildren must purchase their own membership.  
 Child #1 Full Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (add \$80)  
 Child #2 Full Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (add \$80)

### Babysitter for Children on Family Membership

Babysitters must be at least 18 years old and will only be allowed to use the pool Mon-Fri until 6 pm, while accompanied by the member's children.  
 Babysitter Full Name \_\_\_\_\_ Cell # \_\_\_\_\_ (add \$50)

Please refer to the 2019 Pool Rules and Regulations for further information. I/We agree to observe the rules and regulations, and agree to the hold harmless statement as set forth by Sippihaw Swim Club for the 2019 season. I/We understand that non-member guests may attend a maximum of four times per year. Sippihaw Swim Club retains the right to terminate any membership due to non-compliance of club policies and rules. Memberships are non-transferable and no refunds will be given under any circumstances. I agree that staff may administer first aid, perform CPR, and authorize a physician of their choice to provide emergency care on my behalf. I understand that all medical costs incurred are my responsibility. I (on behalf of myself, my children, guests, and other members) hereby assume all liability for risks and hazards incidental to the use of Sippihaw Swim Club facility. I release and forever discharge and absolve and indemnify Sippihaw Swim Club, Sippihaw Inc, Powhatan Pool Group LLC, and the owners, officers, agents, and employees from and against any and all liability from all risks and hazards and in the event of injury, and do expressly waive all claims against them.

How did you hear about us?  Web search  Friend  Ad \_\_\_\_\_  Other \_\_\_\_\_

Primary Adult Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please make checks payable to Sippihaw Swim Club and send to 312 Powhatan Dr, Fuquay-Varina, NC 27526.