

Colony West



S W I M C L U B

Phone 546-2780

The undersigned hereby submits application for membership and agrees to pay the required fees with the application.

PLEASE PRINT OR TYPE

TYPE OF MEMBERSHIP: FAMILY _____ INDIVIDUAL _____

APPLICANT'S NAME _____

NAME OF SPOUSE _____ OR INDIVIDUAL _____

HOME ADDRESS _____

(Street, City, Zip Code)

HOME PHONE # _____ E-MAIL _____

CELL PHONE #s _____

EMERGENCY CONTACT _____ PHONE # _____

(Name)

NAMES OF CHILDREN LIVING AT HOME*

DATE OF BIRTH

Other permanent resident of household* _____ Relationship _____

Your membership entitles you to the full privileges and benefits of the pool facilities of Colony West Swim Club subject to rules and regulations.

- **Please be advised, there remains a potential risk for Covid19. We have been advised by our insurance carrier that they will not honor any claims for illness or injury resulting from Covid19. Though we as a pool will follow all necessary guidelines to keep our members safe, members will assume responsible for their own families following the social distancing guidelines and will assume any risk involved with the Covid19 pandemic while using the Colony West Swim Club facility.**

Please sign the application and return it with your check to Colony West Swim Club by the requested due date.

THIS MEMBERSHIP IS NOT TRANSFERABLE

SIGNATURE OF APPLICANT _____ DATE _____

*Proof of residency is required for any adult children (age 22 and older) or for any other permanent resident of household (i.e. grandparents, nannies, etc.). Examples of proof of residency would be a copy of a current driver's license, voided personalized check, etc. Please submit proof with this application.