



# North Harford Swim Club 2012 Membership Form

Current Member:	_____
New Member:	_____
(Check one)	

*This form must be completed and returned to the swim club with payment. Please print:*

**Family Information:** Family memberships are available to (2) two adults (ages 18 and over) residing in the same household and their dependents ages 21 and younger:

Primary Member Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Member Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

*Since this is our primary means of communication, please make sure to list a current email address.*

**Dependent Section:** Dependents (ages 21 and younger) include: a) your natural children: b) your step children: c) your adopted children: d) all children to whom you are legal guardian and can show proof. Also, please list live-in grandparents in this section.

Dependent Name	Relationship S=son / D=daughter	Birth Date (mm/dd/yyyy) For Children only

**Emergency Notification Information:** In the event of an EMERGENCY and you are not present, please list someone else who should be contacted in your absence.

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Conditions: please list any medical conditions a medical care provider should be aware of and to whom they apply:  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that I have read and will adhere to the NHSC rules & regulations for the 2012 season:*

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Worksheet:** (check all that apply):

Annual Dues:  
\$485 if postmarked by 3/15/12: \_\_\_\_\_  
\$505 if postmarked by 5/1/12: \_\_\_\_\_  
\$400 initiation fee (new members only): \_\_\_\_\_

**Additional Fees:**

\_\_\_\_\_ \$100 Hold Fee  
\_\_\_\_\_ \$125 Nanny/Babysitter:  
\_\_\_\_\_ \$ 75 Non-MBR child (3 and under)  
\_\_\_\_\_ \$125 Non-MBR child (4-12)  
\_\_\_\_\_ \$25 late fee-if postmarked after 5/1/12

**Total Enclosed: \$** \_\_\_\_\_

**Credit Card Payments: Please go to [nhswimclub.com](http://nhswimclub.com)**

<b>For Office Use Only:</b> Check # _____ Amount: _____ Date: _____ PM: _____ Received By: _____ Credit Card: Visa or MC
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