

SMOKEY ROW FAMILY SWIM CLUB, INC.
2017 MEMBERSHIP APPLICATION

MEMBERS NAME _____
Last First (Include spouse if applicable)
Parents' Names _____ Child's Age _____
(Complete only if purchasing child only membership)

ADDRESS: _____

HOME PHONE: _____ **PARENT(S) WORK PHONE:** _____

E-MAIL ADDRESS: _____
(We will not sell or release your e-mail address to anyone outside of Smokey Row Family Swim Club)

SIGN UP BY MARCH 31, 2017 AND RECEIVE 5 FREE GUEST PASSES;
SIGN UP BY APRIL 30, 2017 AND PAY ONLY \$390 FOR FAMILY MEMBERSHIP;
FAMILY MEMBERSHIP IS \$415 AFTER APRIL 30, 2017; REFER A NEW
POOL MEMBERSHIP AND RECEIVE A REFERRAL FEE OF \$100 (Family), \$75 (2-Adult) or \$50
(Individual) FOR THE NEW MEMBERSHIP BY MAY 31, 2017
NEW MEMBERSHIP RECEIVES 5 FREE GUEST PASSES THROUGH APRIL 30, 2017

TYPE OF MEMBERSHIP: _____ Family _____ (2) Adults
_____ Individual (Adult Only or Child Only)
_____ Family plus Babysitter (Add \$50)

Please Use Separate Membership Form if Applying for Swim-Team Only

Family Members Living at Same Address	Relationship	Birth Date
(Complete only if purchasing a family membership)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referring Member (complete if new member): _____
Please make check payable to: **SMOKEY ROW FAMILY SWIM CLUB, INC.**

I have or will receive a copy of the Rules and Regulations of the Smokey Row Family Swim Club, Inc. By signing below, I agree to abide by the established rules. I understand that new rules and regulations may develop as situations arise.

I hereby release and discharge Smokey Row Family Swim Club, Inc., Midas Mike Indiana, LLC, and any employees or agents of Smokey Row Family Swim Club, Inc. from any and all damages, claims and liability arising from or connected with the use of the recreational facility operated by Smokey Row Family Swim Club, Inc. by myself, my family and / or guests.

SIGNATURE: _____

DATE: _____

*if you register by mail, your membership cards and a copy of the Rules and Regulations can be picked up at the check-in counter of the clubhouse during normal business hours.

Mail to: Smokey Row Family Swim Club, 4255 East 136th Street, Carmel, IN 46033

FOR CLUB USE ONLY: Check # _____ : Date received: _____
Amount: \$ _____ Membership Type: _____