

SMOKEY ROW FAMILY SWIM CLUB, INC.
2019 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)

CHILD ONLY MEMBERSHIP IS \$255; 2 ADULT MEMBERSHIP IS \$335
FAMILY MEMBERSHIP IS \$425 AFTER APRIL 30, 2019; REFER A NEW
POOL MEMBERSHIP AND RECEIVE A REFERRAL FEE OF \$100 (Family), \$75 (2-Adult) or \$50
(Individual) FOR THE NEW MEMBERSHIP RECEIVED BY MAY 31, 2019

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 (Complete only if purchasing a family membership)	Relationship	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____