

Springfield Country Club Pool

Springfield CC Pool, 400 W. Sproul Rd., Springfield Pa. 19064

610-544-6670 / www.springfieldccpool.com



2017

POOL MEMBERSHIP APPLICATION

PLEASE PRINT

| | | |
|-----------------------------|------------------|---------------------|
| APPLICANT LAST NAME: | | DATE: |
| STREET ADDRESS: | | |
| CITY: | STATE: PA | ZIP CODE: |
| PHONE #: | | E-MAIL: |
| EMERGENCY NAME: | | EMERGENCY #: |

NON-SENIOR MEMBERSHIP SECTION (under the age of 65)

| | | PRICES | TOTALS |
|---|--|---------------|---------------|
| PRIMARY ADULT Member (Must be at least 18 years old) | | | |
| NAME: _____ | (18 And Older) | \$190 | \$190 |
| SECOND Member (Immediate Family Only) | | | |
| NAME: _____ | <input type="checkbox"/> (Ages 3 To 64) | \$190 | |
| THIRD Member (Immediate Family Only) | | | |
| NAME: _____ | SELECT ONE | | |
| | <input type="checkbox"/> (Ages 3 To 22) | \$95 | |
| | <input type="checkbox"/> (Ages 23 To 64) | \$190 | |
| FOURTH Member (Immediate Family Only) | | | |
| NAME: _____ | SELECT ONE | | |
| | <input type="checkbox"/> (Ages 3 To 22) | \$65 | |
| | <input type="checkbox"/> (Ages 23 To 64) | \$190 | |
| FIFTH Member (Immediate Family Only) | | | |
| NAME: _____ | SELECT ONE | | |
| | <input type="checkbox"/> (Ages 3 To 22) | \$65 | |
| | <input type="checkbox"/> (Ages 23 To 64) | \$190 | |
| SIXTH Member (Immediate Family Only) | | | |
| NAME: _____ | SELECT ONE | | |
| | <input type="checkbox"/> (Ages 3 To 22) | \$65 | |
| | <input type="checkbox"/> (Ages 23 To 64) | \$190 | |
| NON-SENIOR Maintenance Fee | | | \$100 |

EARLY SIGN UP DISCOUNTS VALID THROUGH APRIL 30TH 2017 ONLY

| | | | |
|---|--------------------------|--------|--|
| Family Discount (two (2) or more members) | <input type="checkbox"/> | \$-100 | |
| Single Member Discount | <input type="checkbox"/> | \$-50 | |

NON-SENIOR MEMBERSHIP TOTAL \$

SENIOR MEMBERSHIP SECTION (Ages 65 And Up)

| | | | |
|---|--|-------|-------------|
| PRIMARY ADULT Member (Must be a Springfield resident 65 and older) | | | |
| NAME: _____ | (Age 65 And Up) | \$150 | \$150 |
| SECOND Member (Immediate Family Only) | | | |
| NAME: _____ | <input type="checkbox"/> (Age 65 And Up) | \$150 | |
| SENIOR Maintenance Fee | | | \$75 |

EARLY SIGN UP DISCOUNTS VALID THROUGH APRIL 30TH 2017 ONLY

| | | | |
|-------------------------------|--------------------------|-------|--|
| Senior Member Discount | <input type="checkbox"/> | \$-25 | |
|-------------------------------|--------------------------|-------|--|

SENIOR MEMBERSHIP TOTAL \$

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POOL MEMBERSHIP APPLICATION INFORMATION

PLEASE PRINT

- 💧 Please fill-out the front page of pool membership application and transfer all fees that apply to total column.
- 💧 If membership is accepted, I (We) will abide by all the rules and regulations of said SCC Pool. I further agree that the Township Board of Commissioners and Club Managers reserve the right to terminate my membership for acts of conduct which are disorderly, injurious or hostile to the objectives of the club, or for falsifying any information required by this application.
- 💧 Bottom of application Must be signed by Primary Adult Member and dated for processing.
- 💧 Application may be mailed by using the provided envelope or dropped off at the Springfield Township Building or at Springfield Country Club's Pool Box Office during office hours.
- 💧 Pool opens Saturday, May 27th 2017. Pool open weekends until Friday, June 16th 2017.
Pool closes Monday, September 4th 2017.
- 💧 Prior to the pool opening, pictures will be taken at the pool office Thursday evenings from 6:00 PM - 8:00 PM and Saturday 11:00 AM - 1:00 PM beginning Thursday, May 11th, 2017.
- 💧 All members over the age of 2 are required to have a pool photo ID card. 2016 returning member cards will be reactivated upon return. Proof of residency is required for all members.
- 💧 For SCC Pool Rules, Regulations & Swim Team information visit www.springfieldccpool.com
- 💧 No refunds will be issued after Friday, June, 16th 2017.

💧 **PAYMENT METHODS:**

For Check Payments: Please make check payable to, **Springfield Township**

For Credit Card Payments: Please fill-out the following information:

Select One: MASTER or VISA

Name As It Appears On Card:

Card Billing Address:

Card #:

Exp. Date:

CVC Code:

(Credit card payments are also accepted at pool box office during office hours. **Do Not Send Cash**)

I (We) the undersigned understand and certify that our individual (family) is (are) a current resident of Springfield Township accordance with procedures and rules established by the Springfield Country Club Pool. I (We) do further agree that the family (individual) will abide by any and all rules, regulations and policies established by Springfield Country Club Pool. I (We) and Guest do further hereby release, absolve, indemnify, and hold harmless the Springfield Country Club Pool and Springfield Township, its officers, coaches, commissioners, members, agents, supervisors, directors and/or employees, as individuals or as a group from any property damage, personal injury and or bodily injury which the named family (individual) may suffer and to which the named family (individual) may be entitled and which said claim may arise during or be directly or indirectly related to any or all Springfield Country Club Pool activities. Authorization of emergency treatment of a minor is as follows: 1. The undersigned is the parent/legal guardian of the minor(s) listed on application form. 2. This authorization is being provided for the use in the emergency treatment of a minor named on application when neither of the undersigned, nor relative/friend identified on the application can be reached to provide consent to treatment. 3. The undersigned authorizes emergency personnel permission to carry out any first aid treatment deemed necessary for the well being of the child. 4. The undersigned gives permission for the minor(s) listed on this application form being taken to a hospital or physician for medical treatment in case of an emergency. The undersigned assumes transportation responsibilities, if the minor(s) listed on application needs to be transported to a hospital or emergency facility. Parent, legal guardian, or I the individual member have read this agreement in its entirety and fully understand its meaning and content. Individual member, parents or guardians must sign application before membership is accepted.

Signature:

Date:

2016 Member: YES

NO