

RETURNING

MEMBER?

YES

NO

Springfield Country Club Pool

400 W. Sproul Road, Springfield, PA 19064

610-544-6670 www.springfieldccpool.com

Email us your questions! pools@springfielddelco.org



Springfield Township Resident Membership Application

All persons listed on this application must be immediate family/individuals living at this address.

For this application purpose a family is defined as all members/individuals of your household residing full time.

Family Name:		
Address:		
City:	State: PA	Zip Code:
Phone #:	Email:	

Names (please print)	Pricing	Totals
First Member:	Age 18 to 64 - \$190	
Second Member:	Age 3 to 64 - \$190	
Third Member:	Age 3 to 17 - \$80 Age 18 to 64 - \$190	
Fourth Member:	Age 3 to 17 - \$80 Age 18 to 64 - \$190	
Fifth Member:	Age 3 to 17 - \$80 Age 18 to 64 - \$190	
Sixth Member:	Age 3 to 17 - \$80 Age 18 to 64 - \$190	
First Senior Member:	Age 65 & Over - \$150	
Second Senior Member:	Age 65 & Over - \$150	
Maintenance Fee:	\$100	\$100
Join by April 30th, 2020 and receive \$50 Discount. Any application received after April 30th, 2020 is not eligible to receive discount.	Discount (-\$50)	
Applications received with missing information will not be processed.	TOTAL \$	

PAYMENT METHODS: Do Not Mail Cash - Cash will ONLY be accepted at pool office.



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

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

Select One: MasterCard Visa

Name as it Appears on Card:

CC Billing Address:

Credit Card #:

Exp. Date:

CVC Code:

Back of Application must be signed by First Member



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2020


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General Pool Membership Information


 If membership is accepted, I (We) will abide by all 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.

 Pool opens Saturday May 23, 2020 and is open Saturdays & Sundays (11am-Dusk) until Tuesday June 16, 2020. Closes Monday September 7, 2020.


 For Pool Office hours please visit our website www.springfieldccpool.com


 No refunds will be issued after June 16th, 2020.

 For a list of dates of upcoming events please visit our website www.springfieldccpool.com.

 Follow us on Facebook (Springfield Township Pool); on Instagram (Springfield Twp Pool); and on Twitter (SpringfieldTwpPool) to stay up to date on pool news!

 For information on joining the Swim Team email swimteamscc@gmail.com

 Application may be mailed by using the provided envelope or dropped off at the Springfield Township Building or mailed direct to the address listed on the application letterhead.

 September 1st, 2nd & 3rd pool will open at 1:00pm (due to school being in session)

 All other SCC Pool rules and regulations are posted on our website www.springfieldccpool.com.

I (We) the undersigned understand and certify that our individual (family) is (are) a current resident of Springfield Township in 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 to be 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.

By signing below, I understand and agree to abide by all SCC Pool rules and regulations found on our website www.springfieldccpool.com.

First Member Signature: _____ **Date:** _____