

Hy-Crest Swim Club and Recreation Association Inc.

P.O. Box 855 West Chester OH 45071

1-YEAR TRIAL REGISTRATION

OWNER NAME:			
STREET ADDRESS:			
CITY, STATE ZIPCODE:			
HOME PHONE:	CELL PHONE:	EMERGENCY #:	
PRIMARY EMAIL:	SECONDARY EMAIL:		

ADDITIONAL FAMILY MEMBERS WHO ARE ELIGIBLE TO USE POOL

REGISTRATION ELIGIBILITY: (Condensed from rule No. 1, Pool Rules)

1. Spouse of the Certificate Owner.
2. Unmarried children of the Certificate Owner residing full-time in the household or students (dependent children) home for the summer.
3. Minor, unmarried children of either spouse, who for various reasons do not normally reside in the Certificate Owner's home, are eligible for registration and use of the pool during periods of temporary residence.
4. **Other full-time (year-round) members of the household, subject to advance approval of the Board. A brief written request should be submitted (see Special Requests Section on next page) setting forth the name, age and relationship. If approved for registration, the name(s) will be entered by the Membership Coordinator and the member notified.**

	ADDITIONAL MEMBER NAME	CHILD'S DATE OF BIRTH	RELATIONSHIP	NOTES <i>(Office Use Only)</i>
1				
2				
3				
4				
5				
6				
7				

EMERGENCY MEDICAL AUTHORIZATION FOR MINOR CHILDREN LISTED ABOVE

In the event reasonable attempts to contact myself or another legally responsible person at the above phone numbers have been unsuccessful, I hereby give consent for: **(1)** the administration of any treatment deemed necessary by my physician: Dr. _____ at _____ (phone #) or my dentist: Dr. _____ at _____ (phone #) or in the event these practitioners are unavailable, by another licensed physician or dentist; and **(2)** the transfer of the child to _____ (hospital) or any reasonably accessible hospital.

Major surgery is authorized only with prior concurrence of two (2) other licensed physicians or dentists of the necessity of such surgery.

If applicable, specify the minor's name and pertinent medical history, allergies and medication being taken:

(Please mark one of the boxes below to give consent for treatment or deny consent for treatment.)

Consent Granted **OR** Consent Denied

Parent/Guardian Signature _____ Date _____

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ADDITIONAL INFORMATION

Babysitters

Does your family hire a babysitter for the summer? Do you babysit children during the summer? You can add your sitter or the child(ren) you babysit to your family membership for \$100 per person/per season. Please contact the Membership Coordinator by email at HyCrestSwimClub@gmail.com to inquire about adding these individuals' names to your membership.

Special Requests

Each season we have members who request permission to add individuals who technically are not part of their immediate family to their membership (i.e. adult children [age 24 and up], parents that live in their home, other family members who are living with them during the summer, etc.). Each of these requests must be individually reviewed by the Board and voted on for approval on an annual basis. To ensure time for review at a board meeting prior to the start of the season, **all requests must be received by April 1st this year.**

If you have a special request, list the name and age of each individual you would like to add to your family membership as well as a brief explanation of your situation in an email to HyCrestSwimClub@gmail.com.

1-YEAR TRIAL MEMBERSHIP INVOICE

	Cash or Check	PayPal
Fees for Summer Season	\$400.00	\$400.00
Sales tax (6.5%)	\$26.00	\$26.00
PayPal Fee	----	\$15.00
Balance due:	\$426.00	\$441.00

I, the undersigned, do hereby apply for a 1-year trial membership in the Hy-Crest Swim Club & Recreation Association. I understand that to receive my membership with swimming privileges, I must pay the annual dues and submit any required paperwork for the current season prior to being allowed access.

We (I and my authorized additional members) also agree that upon the submission for membership; will abide by all of the rules, regulations and by-laws of the Club. We thoroughly understand that under no circumstance is any member to permit anyone to use his or her membership identification. If this occurs knowingly, membership privileges will be suspended without refund for the balance of the season.

Signature _____ Date _____

DO NOT DROP YOUR PAYMENT OR FORMS OFF AT THE POOL

1. Make checks payable to: Hy-Crest Swim Club
OR pay via PayPal: [Click here to pay your dues with PayPal](#)
2. Print and sign the completed Registration Form
Mail the form and check (if applicable) to: Hy-Crest Swim Club
PO Box 855
West Chester, OH 45071
OR if you paid via PayPal
Sign the form in your PDF program and email to: HyCrestSwimClub@gmail.com
3. The member is responsible for fees resulting from checks submitted with Non-Sufficient Funds.

Feel free to contact the Membership Coordinator at HyCrestSwimClub@gmail.com with any questions regarding this membership.