

Lake Park Swim Club

2017 Membership Registration Form

If you want to register and pay online, please visit our website: lakeparkpool.com/join/

Please check one: New member _____ Returning member _____

Please check one for your membership plan & fee:

		On or before May 1:	After May 1:
Family	(all in same household)	\$575 _____	\$600 _____
Couple	(2 in same household)	\$400 _____	\$425 _____
Individual Adult	(1 adult)	\$275 _____	\$300 _____
Senior Couple	(2 adults, both 60+ years)	\$300 _____	\$325 _____
Senior Individual	(1 adult age 60+ years)	\$225 _____	\$250 _____

A 2017 Lake Park Swim Club Membership runs from May 1, 2017 – April 30, 2018.

Opening Day at the pool is Saturday, May 13, 2017.

Adult Member #1:

First Name _____ Last Name _____

Phone _____ Email _____

Home Address _____

Adult Member #2:

First Name _____ Last Name _____

Phone _____ Email _____

Adult Member #3:

First Name _____ Last Name _____

Phone _____ Email _____

Please list any child members below (if applicable):

First Name	Last Name	Date of Birth

Please also read and sign the **Lake Park Recreation Association Assumption of Risk and Medical Permission and Release** on the back of this form.

Make check payable to LAKE PARK RECREATION ASSOCIATION. ALL PAYMENTS ARE NON-REFUNDABLE.
Mail membership form and payment to: Lake Park Rec. Association, 6333 Lakeland Dr., Raleigh, NC 27612.

Contact our Membership Chair at LPKMembership@gmail.com with questions regarding membership.
 Thank you for your support of this important hub of our community. See you at the pool!

Lake Park Recreation Association Assumption of Risk and Medical Permission and Release

It is understood and acknowledged that injury may be sustained because of the potentially hazardous nature of club activities. I freely, knowingly, and willingly accept and assume risk of injury that might occur from participation in activities at the Lake Park Swim Club. In the event of such injury to myself or my child, I hereby give permission and consent for treatment deemed necessary for a condition arising during participation in related activities, including medical treatment recommended by a medical doctor. I agree to take responsibility for payment of the usual charge for such treatment. I release the Lake Park Recreation Association and Lake Park Swim Club, its employees, agents, volunteers and assignees from any and all injuries, illnesses, and damages sustained as a result of participation in activities held at the Lake Park Swim Club. This release applies to any present or future injuries and it binds my heirs, executors, and administrators.

I have read this release and all its terms. I voluntarily acknowledge its significance.

Signature _____

Date _____