EMMAUS AQUATIC CLUB
PO BOX 3304
ALLENTOWN, PA 18106-0304
610-965-5800
Fax: 610-965-7704
www.emacswim.org
e-mail: emacswim@rcn.com

APPLICATION FOR "SUMMER ONLY" AQUATIC EXERCISE MEMBERSHIP

DATE: _____

NAME: _____
last first m.i.

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ SEX: _____ AGE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

EMERGENCY NAME AND NUMBER: _____

PLEASE READ CAREFULLY:
I voluntarily consent to attend or participate or have my child/children attend or participate in Emmaus Aquatic Club programs. I am aware of the risks to person and property known to be associated with any of the Emmaus Aquatic Club programs and the facility, including but not limited to: the pools, tennis courts, locker rooms, common areas, revolving doors, diving boards, equipment, blocks, steps, foliage, insects, gas grills, parking lot and surrounding area. These risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralysis and even death.

SIGNATURE OF ADULT PARTICIPANT: _____

MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

_____

Please send signed registration form and payment (check payable to EMAC or credit card) to above address or deliver to the EMAC office at the pool (Millrace Road, Emmaus – off Lower Macungie Road.)

For Office Use Only

Date Check Number Fee Paid Facility Fee

06/08