

Emmaus Aquatic Club
PO Box 3304, Allentown PA 18106-0304
610.965.5800 Fax 610.965.7704
e-mail: emacswim@rcn.com

APPLICATION FOR MEMBERSHIP

Date _____

Membership: FAMILY _____ SINGLE _____ SR. CITIZEN _____ SR.CIT.COUPLE _____ MASTERS _____
HIGH SCHOOL SPECIAL _____

Season: Summer _____

Last name _____ Member's first name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Spouse's first name (if joining) _____

School District _____

Place of Employment: _____ Phone _____ Fax _____

Place of Employment: _____ Phone _____ Fax _____

Emergency Name & Number _____

(Only include children for family memberships)

Children's first name	Last (if different)	Age	Sex	Date of Birth
1.				
2.				

(Additional children on back)

Nanny or babysitter's name: _____ (\$50.00 Fee)

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 areas. 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.

The undersigned parent hereby gives permission for any necessary medical care to be given to my child/children in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

I (We) have read and agree to the rules and responsibilities of membership in the Emmaus Aquatic Club.

date	applicant printed name	applicant or parent's signature
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Send signed registration form and payment (check payable to EMAC) to:
EMAC Membership, PO Box 3304, Allentown PA 18106-0304.

Office use only

Date _____ Check # _____ Summer _____