

LAUREL RUN SWIMMING ASSOCIATION 2020 TRIAL MEMBER APPLICATION

PRIMARY TRIAL MEMBER INFORMATION (CLASS "A" MEMBERS*)

Primary Trial Member Name:		Birthdate:
Spouse or Additional Trial Member Name:		Birthdate:
Phone:	Email:	Referred by:
Address:		
City:	State:	ZIP Code:
Have any individuals applying ever been convicted of or pled guilty to a crime?		
If yes, when did this occur and what is the offense?		

SECONDARY MEMBER INFORMATION (CLASS "B" OR "C" PERMANENT HOUSEHOLD RESIDENT UNDER AGE 25*)

Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:
Name:	Age:	Birthdate:

ADDITIONAL MEMBERSHIPS (CLASS "D" PERMANENT HOUSEHOLD RESIDENT OVER AGE 25*)

Name:	Age:	Birthdate:
Name:	Age:	Birthdate:

BABYSITTER MEMBERSHIP (CLASS "E" AND OVER AGE 15*)

Name:	Age:
Address:	Phone:

SIGNATURES

I/We hereby apply for a trial membership in the Laurel Run Swimming Association and agree, if accepted, to abide by the Bylaws and Rules and Regulations of the Association. I/We understand that this application is subject to approval by the Board of Directors of the Association and that the right to refuse the Applicant is reserved. I/We understand that a Trial Membership is offered for one summer only and that such membership entitles me/us to use the Laurel Run Swimming Association facilities but does not confer upon me/us any ownership interest. In the event that I/We wish to use the Laurel Run facilities in any future summer, I/We understand that I/We must apply for membership in the Association and, if approved, purchase stock in the association and pay any other dues or fees required by the Board of Directors. I/We understand that the Association reserves the right to limit membership as set forth in the Bylaws and may deny the right to membership if and when such application is made. I/We understand and agree that I/We am/are responsible for any and all damages cause to the pool or any member's property by me/us or any individual named on this application or admitted to the pool in connection with my/our trial membership. I/We individually and on behalf of my/our minor children recognize that there are certain inherent risks associated with swimming and I/We assume full responsibility for personal injury to me/us and/or my minor child or children. I/We further release and discharge Laurel Run Swimming Association and its Board of Directors for any and all injuries, loss or damage arising out of my/our or my/our minor child or children's use of or presence upon the facilities and property of Laurel Run Swimming Association, whether cause by me/us, my/our family members, Laurel Run Swimming Association or other third parties. I/We have read this application and agree to be legally bound thereto after having the opportunity to consult with independent legal counsel of our choice.

I/We certify that the information contained in this application is true and correct.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

PLEASE COMPLETE THE BACK OF THIS APPLICATION FOR PAYMENT

2020 Trial Member Rates

Memberships

\$350 Family
\$200 Individual (over age 18)
\$100 Senior Individual (over age 60)
\$150 Senior Couple (over age 60)

Additional Dues

Class "D" Member (over age 25) - \$50 each
Class "E" Babysitter (over age 15) - \$75 each
Additional Family Members - \$25 each
(for Family memberships over 6 people)

Please see laurelrunpool.com for the bylaws that outline membership types

Payment

2020 Dues (enter dues from chart)	\$ _____
Class "D" Members(\$50 each)	\$ _____
Class "E" Babysitter (\$75 each)	\$ _____
Additional Family Members (\$25 each)	\$ _____
TOTAL DUES	\$ _____
CHECK # _____	

Make checks Payable to:
Laurel Run Swimming Association
PO Box 13633
Reading, PA 19612-3633

OFFICIAL USE ONLY:

Amount Paid:

Check #:

Date Received:

Reviewed By:

Cards Issued: