

## Application for Membership

**Bring signed application with payment to pool at the scheduled key exchange dates.**

**PLEASE PRINT CLEARLY**

Applicant Name \_\_\_\_\_

Spouse/Significant Other \_\_\_\_\_

Family Name for Membership \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Any Trade or Specialties that you can help with maintenance? \_\_\_\_\_

**New Members ONLY (2 Sponsors/References required from the WSC and must sign below)**

Signature of Sponsors	Address
1.	
2.	

I understand that this application is subject to approval by the Board of Directors. If approved, applicant becomes a probationary member. If, by the end of the swimming season (or after at least a 6-week period) applicant has shown by his/her/actions and/or the actions of others under this membership that he/she is a satisfactory new member, the Board of Directors will give final approval.

If at the end of the swimming season, the Board refuses this application, the membership fee will be refunded. If at any time during the swimming season, the conduct of others using this membership is unsatisfactory in the opinion of the Board of Directors, a prorated portion of the year's dues will be refunded, and applicant removed from the rolls.

**By signing this application I hereby agree to understand and obey all Pool Rules and Guest Rules; to pay dues at the beginning of the season and to keep the Board of Directors informed of changes in my contract information.**

**By initialing here \_\_\_\_\_, I have read the Bylaws and Rules, completed and signed the Member Release Form and hereby acknowledge that I am aware of the rules that my household members, my guest and I must follow.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# Woodlake Swimming Club

1445 Lochbrae Road, Sacramento, CA 95815 - 916-925-5555 - info@woodlakeswimclub.com

## WSC Member Release

This form is **REQUIRED** as part of your membership. It is the responsibility of the person signing to keep the information current. All household names, DOB, and signatures must be on this form. Members are expected to read and understand the content before signing. If you have any questions you are expected to present those to a current Board member.

### Instruction to complete form:

1. List each member who live in your household with their full name and date of birth.
2. If under age 18, parent's signature is required next to child's name and date of birth.
3. Over the age of 25 and living in household an additional **\$50 required. Note next to name.**
4. Any caregiver(s) needed in your household an additional **\$50 required. Note next to name.**
5. Each listed member of the household who is 18 years or older must also sign.
- 6.

Name of Member \_\_\_\_\_

Family Name in which Club membership held \_\_\_\_\_

Household Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Print Household Member Name	Date of Birth	Signature

### INDEMNIFICATION

As a member of the Woodlake Swimming Club, Inc., I agree to use the facilities at my own risk and hereby, for myself, my heirs, executors and administrators waive and release any and all right and claims for all damages that I might have against the Woodlake Swimming Club, Inc., or its agents, for any and all injuries which may be suffered by me in connection with the use of the facilities or any related activities having to do with the Woodlake Swimming Club, Inc. and I agree to hold the Woodlake Swimming Club, Inc. harmless therefrom. I further agree to pay for any and all defendants' legal costs and attorney's fees resulting from any lawsuit that I or my family may bring against the Woodlake Swimming Club, Inc., its Board of Directors or members.

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## Agreement to follow club rules and requirements

By signing this document I agree to follow, and ensure my household members and any guest follow the following:

- Bylaws and Pool Rules adopted by the membership of Woodlake Swimming Club
- Verbal directives from any staff or Board Member

**All documents are available on line at woodlakeswimclub.com or ask for a copy at the Pool.**

### **2024 Policy Mandated by our insurance carrier.**

***Guest Policy – NO guests are permitted at the swim club until and unless lifeguards are present. Violating this rule could jeopardize the Swim Club’s insurance, so we expect to be strict in enforcing this rule and harsh in punishing violations, including potentially terminating memberships for repeat or intentional violations***

**I have read and understand the above Woodlake Swimming Club Member Release Form.**

Signature\_\_\_\_\_Date\_\_\_\_\_

Print Name\_\_\_\_\_