HIDDEN HOLLOW AND KNOWLTON SWIM CLUBS

2010 REGISTRATION FORM - PLEASE PRINT

Primary Members **Last** Name _____ Home Phone _____- _____- _____

Street _____ City _____ State _____ Zip _____

Email _____ ☐ Sign me up for Swim Club email updates. ☐ Use Email to contact me about my acct.

List all members first & last names	Gender	Birth Dates
1. _____ Primary Member	M F	____/____/____
2. _____ List each member age 1 & up	M F	____/____/____
3. _____	M F	____/____/____
4. _____	M F	____/____/____
5. _____	M F	____/____/____
6. _____	M F	____/____/____
7. _____	M F	____/____/____
8. _____ Infant: 0-11 months	M F	____/____/____

Are you a new member? Y ___ N ___

Emergency Phone Numbers

Name _____

Phone Number _____

Relationship _____

Name _____

Phone Number _____

Relationship _____

Individual Membership An Individual Member must be at least 14 years old, *born before 6-1-96.**

Family Membership for members of an immediate family, legally dependent & living at home.*

2010 Club Rate Chart

Individual 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
$295	$410	$525	$640	$755	$870

Add $115 for each family member beyond 6 members

	NUMBER	AMOUNT	TOTAL
Infant Discount No Charge for Infant Members For each member's child **under age 1**, *(born after 1-6-09).** — Select from chart above: **Number of Members & amount >** Do not include Members under age 1		< ENTER > < FROM > < CHART >	
Toddler Discount For each member's child **age 4 & under** *(born between 6-1-05 & 6-1-09).** — **Subtract $45 for each Toddler >**		x -$45	
Senior Citizen Discount For each member **age 60 & over** (*born before 6-1-50).** — **Subtract $20 per Senior Member >**		x -$20	
Early Bird Discount Only for dues received *by 4-30-10* — *only before 4-30-10* — *** Subtract early bird discount *for each member* *** — **Subtract $10 per Member >**		x -$10	
Membership Sub-Total Amount > $			
Pick up @ HHSC → **Total # of 5-Visit Guest Cards >**		x $42	
Total Enclosed > $			

*As of 6-1-10 - Proof of age and residency may be required to determine age and relationship. Providing false information or misusing membership will cause cancellation without refund.

We accept all major credit cards, cash (in person) or checks. **Returned checks are subject to $25 fee.**

Membership Dues are Non-Refundable. No exceptions.

For registration in person only: PAID CASH - RECEIPT #_____

AMOUNT $_____

Make Checks Payable to: **HHSC** (Hidden Hollow Swim Club)

PAID CHECK #_____

AMOUNT $_____

ALL MEMBERS MUST COMPLETE REVERSE SIDE

PAID: Visa MC Discover Amex AMOUNT $_____

Card #_____

Signature _____ Exp. Date____/____

OFFICE >> USE ONLY	Date ____/____2010	P- _____
	Entered ____/____2010	P- _____

137 West Knowlton Road Media PA 19063 Office 610-876-7116 Knowlton Swim Club 610-872-9939 Hidden Hollow Swim Club 610-566-9860

HIDDEN HOLLOW AND KNOWLTON SWIM CLUBS

137 West Knowlton Road Media PA 19063 Office 610-876-7116 Knowlton Swim Club 610-872-9939 Hidden Hollow Swim Club 610-566-9860

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK for the year of 2010

In consideration of the services of Hidden Hollow and Knowlton Swim Clubs, LLC., Linvilla Orchards, inc., Paul and Margaret Linvill Associates, their agents, owners, officers, volunteers, participants, employees, and all other persons o r entities acting in any capacity on their behalf (hereinafter collectively referred to as HHKSC"), I hereby agree to release, indemnify, and discharge HHKSC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my membership at the swim club entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things : muscular strains and sprains; cardiac complications; accidental drowning; and slips and falls getting in and out of the pool and around the pool facility. Furthermore, HHKSC employees have difficult jobs to perform. They seek safety, but they are not infallible. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HHKSC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HHKSC's equipment or facilities, **including any such claims which allege negligent acts or omissions of HHKSC**.

4. Should HHKSC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against HHKSC, I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HHKSC on the basis of any claim from which I have released them herein.

Members **OVER 18** must sign in this section. (Parent or guardian must sign in box below for members under 18.)
I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Full Name _____ Signature _____ Date_____	Print Full Name _____ Signature _____ Date_____
Print Full Name _____ Signature _____ Date_____	Print Full Name _____ Signature _____ Date_____

********** **Must be completed for members** UNDER 18 **years old** **********

Parent's or guardian's additional indemnification. In consideration of the Minor(s) listed: Print minor(s) names

Full Name _____ Full Name _____

Full Name _____ Full Name _____

Full Name _____ Full Name _____

("Minor(s)") named above being permitted by HHKSC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HHKSC from any and all Claims which are brought by, or on behalf of the Minor(s), and which are in any way connected with such use or participation by the Minor(s).

Parent/Guardian Full Name (print)_____

Parent/Guardian Signature _____ Date_____

Please complete both sides of this form and include it in the reply envelope when you mail your Pool Dues.