

# HIDDEN HOLLOW AND KNOWLTON SWIM CLUBS

## 2024 REGISTRATION FORM - PLEASE PRINT

LAST (Family) Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Are you a new member? Y \_\_\_\_ N \_\_\_\_

Will your child be joining the Swim Team? Y \_\_\_\_ N \_\_\_\_ If yes; which team: KSC \_\_\_\_ HHSC \_\_\_\_

**Please Note: Swim Team members MUST have ONE Parent as a member of HHKSC.**

### \$275\*

### Per Member

\*Cash or Check Price only.

3% Credit Card processing fee will be applied to all credit card transactions.

**Discounts: Deduct applicable discounts per member & calculate to the right.**

**Early Bird Discount** Subtract \$10 for each member if paid *on or before April 30, 2024 - no exceptions.*

**Senior Citizen Discount** Subtract \$15 for each member aged 60 & over (*born before 6-1-64*).

**Toddler Discount** Subtract \$100 for each child **aged 4 & under** (*born between 6-1-19 & 6-1-23*).

**Infant Discount** No charge for each member's infant child **under age 1**, (*born after 6-1-23*).

List all members first & last names	Gender	Birth Dates	Cost per Member	Early bird Discount	Toddler Discount	Senior Discount	Enter Total (for each row)
1. <small>Primary Member</small>			\$275	(-\$10)	(-\$100)	(-\$15)	
2. <small>List each member age 1 &amp; up</small>			\$275	(-\$10)	(-\$100)	(-\$15)	
3.			\$275	(-\$10)	(-\$100)	(-\$15)	
4.			\$275	(-\$10)	(-\$100)	(-\$15)	
5.			\$275	(-\$10)	(-\$100)	(-\$15)	
6.			\$275	(-\$10)	(-\$100)	(-\$15)	
7.			\$275	(-\$10)	(-\$100)	(-\$15)	
8. <small>Infant: 0-11 months</small>			\$275	(-\$10)	(-\$100)	(-\$15)	

Pre-order a **virtual** 5-Visit Guests Card *Limit 3* Enter number of cards: \_\_\_\_\_ x \$100

**WE WILL NOT ACCEPT CHECKS FOR PAYMENT AFTER MAY 24, 2024**

**Enter Total Here:**

**Make Checks Payable to HHSC** Paid Check # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

For registration in person only (do not mail cash) Paid Cash Receipt # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

I authorize HHSC to charge my: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ **3% Processing Fee:** \_\_\_\_\_

Credit Card # \_\_\_\_\_ Signature \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Please review hours, policies and facility information carefully before submitting payment.

**All dues are non-refundable without exception under any circumstances.**

Members joining on one membership must be immediate family, legally dependent & living at home.

An Individual Member **must** be 14 years of age or older, *born before 6-1-2010*.

*Discounts determined as of 6-1-24, proof of age & residency may be required to determine age & relationship.*

*Providing false information or misusing membership will cause cancellation without refund.*

***Returned checks are subject to \$35 fee.***

**Emergency Phone Numbers**

Please use previously provided information ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

OFFICE USE ONLY

P \_\_\_\_\_

P \_\_\_\_\_

R \_\_\_\_/\_\_\_\_/24

E \_\_\_\_/\_\_\_\_/24

**ALL MEMBERS MUST COMPLETE PARTICIPANT AGREEMENT ON REVERSE SIDE.**

**\*Membership will remain deactivated until form is complete on both sides\***

# 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 2024

In consideration of the services of Hidden Hollow and Knowlton Swim Clubs LLC, its members, Linvilla Orchards, Inc., Paul and Margaret Linvill Associates, a PA Ltd. Partnership, its general and limited partners, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "the swim clubs").

I hereby agree 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.

7. I have read and agree to abide by the Swim Club Rules. A copy of the rules is on our website at [www.linvilla.com](http://www.linvilla.com).

**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.**

**By signing this document, I understand the use or presence of alcoholic beverages or illegal drugs on the pool premises will not be tolerated. If caught it will result in automatic termination of swim club membership.**

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 \_\_\_\_\_