



HARRINGTON PARK SWIM CLUB INC.

2018 FAMILY LIMITED ACCESS PASS REGISTRATION FORM

I request the Board of Trustees to issue a LIMITED ACCESS PASS for the 2018 season as follows:

Family Pass (2 adults and children living in same household) \$399.00 for 10 daily uses

Household Address (Street, Town, State, Zip code)

Name of adult pass holder Telephone Number Email Address Birthdate (MM/DD/YYYY)

Name of adult pass holder Telephone Number Email Address Birthdate (MM/DD/YYYY)

Children living in the same household (use space below if more than 6):

Name of child Birthdate (MM/DD/YYYY) Name of child Birthdate (MM/DD/YYYY)

Name of child Birthdate (MM/DD/YYYY) Name of child Birthdate (MM/DD/YYYY)

Name of child Birthdate (MM/DD/YYYY) Name of child Birthdate (MM/DD/YYYY)

This pass can only be purchased by a family which has not been a member in 2016 or 2017. It is good for 10 daily uses by family members listed above. It is not a membership in the HP Swim Club. There are no guest privileges, no caretakers, no swim lessons, no swim/dive team participation, or any other privileges reserved for members. It is non-refundable after the 2018 season begins and it expires at the end of the season. At any time during the season it can be upgraded to a Family membership for \$481.00, or to a Non-Senior Couple membership (if appropriate) for \$286.00. By signing below, I understand that I am responsible for the actions of myself and family members in accordance with the Club's Rules, Regulations and By-laws, and I agree to hold harmless and indemnify the Club against liability in account of my conduct or the conduct of my family. I understand that violation of Club Rules may result in the termination of my pass (at the discretion of the Board of Trustees) and forfeiture of any payment made.

Printed Name of Adult Pass Holder Signature of Adult Pass Holder / /
Date Signed

Record any additional Children, or other information here:

Record of pass usage

Use #	Date used	Signature of pass holder
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Swim Club Use Only:

Amount Paid: _____; Date Received: ___/___/_____; Received by: _____

Method of Payment: Check# _____; Credit/Debit Card (last 4 digits): _____; Cash: _____

MIS Updated by _____ on ___/___/_____; Gmail updated by _____ on ___/___/_____