



HARRINGTON PARK SWIM CLUB INC.

2019 INDIVIDUAL LIMITED ACCESS PASS REGISTRATION FORM

I request the Board of Trustees to issue a LIMITED ACCESS PASS for the 2019 season as follows:

Individual Pass (1 adult or authorized user) \$400 (\$412 electronically) for 20 daily uses

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

Name of adult pass holder

Telephone Number

Email Address

Birthdate (MM/DD/YYYY)

Other individuals authorized to use this pass:

Name of authorized individual

Name of authorized individual

Name of authorized individual

This pass can only be purchased by an adult who has not been a member in 2017 or 2018. It is good for 20 daily uses by the individuals listed above. One or more individuals can use the pass on a given day, with each being counted as one use. 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 2019 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 \$500 (\$515 electronically), or to a Non-Senior Couple membership (if appropriate) for \$300 (\$3098 electronically). Additional authorized users can be added at any time by sending an email or signed note to the club office. By signing below, I understand that I am responsible for the actions of myself and individuals who I authorize to use this pass 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 authorized individuals. 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.

Signature of Adult Pass Holder

____/____/_____
Date Signed

Record any additional authorized individuals, 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		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Swim Club Use Only:

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

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

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

Form version 1.0, 3/2/19