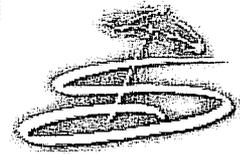


Springfield Country Club Pool

Springfield CC Pool, 400 W. Sproul Rd., Springfield Pa. 19064

610-544-6670 / www.springfieldccpool.com



2016

POOL SPONSORSHIP APPLICATION

PLEASE PRINT

APPLICANT LAST NAME:		DATE:
STREET ADDRESS:		
CITY:	STATE: PA	ZIP CODE:
PHONE #:	E-MAIL:	
SPONSORED BY:	SPONSOR PHONE #:	

NON-SENIOR MEMBERSHIP (under the age of 65)

PRIMARY ADULT Member (Must be at least 18 years old)	PRICES	TOTALS
NAME: _____ (18 And Older)	\$190	\$190
SECOND Member (Immediate Family Only)		
NAME: _____ <input type="checkbox"/> (Ages 3 To 64)	\$190	
THIRD Member (Immediate Family Only)		
NAME: _____		
	SELECT ONE	
	<input type="checkbox"/> (Ages 3 To 22)	\$95
	<input type="checkbox"/> (Ages 23 To 64)	\$190
FOURTH Member (Immediate Family Only)		
NAME: _____		
	SELECT ONE	
	<input type="checkbox"/> (Ages 3 To 22)	\$65
	<input type="checkbox"/> (Ages 23 To 64)	\$190
FIFTH Member (Immediate Family Only)		
NAME: _____		
	SELECT ONE	
	<input type="checkbox"/> (Ages 3 To 22)	\$65
	<input type="checkbox"/> (Ages 23 To 64)	\$190
SPONSOR FEE	\$100	\$100
NON-SENIOR Maintenance Fee	\$100	\$100
	TOTAL:	

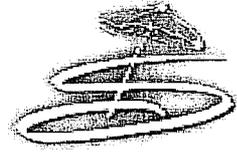
SENIOR MEMBERSHIP (Ages 65 And Up)

PRIMARY ADULT Member (Must be 65 and older)		
NAME: _____ (Age 65 And Up)	\$150	\$150
SECOND Member (Immediate Family Only)		
NAME: _____ <input type="checkbox"/> (Age 65 And Up)	\$150	
SPONSOR FEE	\$100	\$100
SENIOR Maintenance Fee	\$75	\$75
	TOTAL:	

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Springfield Country Club Pool

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POOL SPONSORSHIP APPLICATION INFORMATION *PLEASE PRINT*

- ☛ Please fill-out the front page of pool membership application and transfer all fees that apply to total column.
- ☛ Bottom of application Must be signed by Primary Adult Member and Sponsor.
- ☛ Application may be mailed or dropped off at the Springfield Township Building or at Springfield Country Club's Pool Box Office during office hours.
- ☛ Pool opens Saturday May 28th, 2016. Pool open weekends until Friday June 24th, 2016. Pool closes Monday September 5th, 2016.
- ☛ Prior to the pool opening, pictures will be taken at the pool office Thursday evenings from 6:00 PM-8:00 PM and Saturdays 11:00 AM -1:00 PM beginning May 5th, 2016.
- ☛ All members over the age of 2 are required to have a pool photo ID card. 2015 returning member cards will be reactivated upon return. Proof of residency is required for all members.
- ☛ For SCC Pool Rules, Regulations & Swim Team information visit www.springfieldccpool.com
- ☛ No refunds will be issued after Friday June 24th, 2016.

PAYMENT METHODS:

For Check Payments: Please make check payable to, **Springfield Township**

For Credit Card Payments: Please fill-out the following information:

Select One: MASTER or VISA

Name As It Appears On Card:

Card Billing Address:

Card #: Exp. Date: CVC Code:

(Credit card payments are also accepted at pool box office during office hours. **Do Not Send Cash**)

I (We) the undersigned understand and certify that our individual (family) is (are) a current resident of Springfield Township accordance with procedures and rules established by the Springfield Country Club Pool. I (We) do further agree that the family (individual) will abide by any and all rules, regulations and policies established by Springfield Country Club Pool. I (We) and Guest do further hereby release, absolve, indemnify, and hold harmless the Springfield Country Club Pool and Springfield Township, its officers, coaches, commissioners, members, agents, supervisors, directors and/or employees, as individuals or as a group from any property damage, personal injury and or bodily injury which the named family (individual) may suffer and to which the named family (individual) may be entitled and which said claim may arise during or be directly or indirectly related to any or all Springfield Country Club Pool activities. Authorization of emergency treatment of a minor is as follows: 1. The undersigned is the parent/legal guardian of the minor(s) listed on application form. 2. This authorization is being provided for the use in the emergency treatment of a minor named on application when neither of the undersigned, nor relative/friend identified on the application can be reached to provide consent to treatment. 3. The undersigned authorizes emergency personnel permission to carry out any first aid treatment deemed necessary for the well being of the child. 4. The undersigned gives permission for the minor(s) listed on this application form being taken to a hospital or physician for medical treatment in case of an emergency. The undersigned assumes transportation responsibilities, if the minor(s) listed on application needs to be transported to a hospital or emergency facility. Parent, legal guardian, or I the individual member have read this agreement in its entirety and fully understand its meaning and content. Individual member, parents or guardians must sign application before membership is accepted.

Applicant Signature:

Date:

Sponsor's Signature:

Date:

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