

West Arundel Swim Club, P.O. Box 682, Laurel, MD 20725

Family Membership 2022

Before 5/28 - Mail/Drop off - WASC Membership, 3375 Horsehead So., Laurel, MD 20724.

Starting 5/28- Drop off at the pool during operational hours

Amount Due: \$425.00

Payment Method: (Check-Cash-Credit/Debit)

Payment Enclosed (Cash or Check) – **Make check payable to WASC**

I wish to pay by credit/debit card. Please send an invoice to my email address. I understand that payment must be received to process my cards.

Family Name		Membership ID
Street		City
Zip Code		
Cell # (Primary)	Cell # (Secondary)	Home Phone
Email #1		Email #2

As stated in WASC By-Laws Article III-The **Family Membership**, shall include the name of the head of the household/self, your spouse, parents residing with you, senior citizen parents and each of your unmarried children, but shall not include others that reside in the same household. The word children shall mean and include your own children, step-children, children for whom you have been granted legal guardianship, and foster children who live with you in a regular parent-child relationship. All members of such family shall enjoy full use of all facilities.

First & Last Name	Relationship <small>(Self, Spouse, Partner, Son, Daughter, Grandson, Granddaughter, Grandmother, Grandfather)</small>	Birth Date <small>(MM/DD/YYYY)</small>

To the fullest extent permitted by law, I hereby waive any rights I may have to sue the West Arundel Swim Club, its owners, officers, directors, employees, staff members, volunteers, any other club members with respect to personal injury (including death) or property damage suffered by myself, my family or my sponsored guests as a result of our participation in the swim club and hereby release the West Arundel Swim Club from any liability for such injury or damage.

I further understand and agree that the board of Directors of the West Arundel Swim Club reserves the right to discontinue any membership in the West Arundel Swim Club at any time and without compensation for any fees or dues paid by that member.

I further grant full permission to use, without recompense, any photographs, videotapes, motion pictures, recordings, or any other record of this program for the promotion of the West Arundel Swim Club.

Signature	Date
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*The West Arundel Swim Club has instituted a returned check fee of \$25 per occurrence.
If your check is returned to the Swim Club marked "insufficient funds" the issuer will be charged \$25 in addition to the original amount of the check.*