

# West Arundel Swim Club, P.O. Box 682, Laurel, MD 20707

## Single Membership 2022 4/2022

**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:** **\$205.00**

**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.

<b>Single Member's Name</b>		<b>Birth Date (MM/DD/YYYY)</b>	<b>Membership ID</b>
<b>Street</b>		<b>City</b>	<b>Zip Code</b>
<b>Cell # (Primary)</b>	<b>Cell # (Secondary)</b>	<b>Home Phone</b>	
<b>Email #1</b>		<b>Email #2</b>	

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, or 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.

<b>Signature</b>	<b>Date</b>
<b>Parent's Signature (if under 18 years of age)</b>	<b>Date</b>

*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.*