

JONESTOWN

Swim and Tennis Club

REGISTRATION 2016 SEASON

Type of Membership: FAMILY # Living in Home _____ COUPLE (no kids) SINGLE

Name _____
Last First Middle

Address _____

City _____ ST _____ Zip Code _____

Home Phone _____ - _____ Cell Phone _____ - _____ | _____ - _____

Place of Employment: Primary 1 _____ Work Phone: _____ - _____
Primary 2 _____ Work Phone: _____ - _____

E-mail (s) Primary1 _____ | Primary 2 _____

	Name	Allergies	Major Medical Conditions
Father:	_____	_____	_____
Mother:	_____	_____	_____
Guardian:	_____	_____	_____
Children:			
1	_____ age: _____	_____	_____
2	_____ age: _____	_____	_____
3	_____ age: _____	_____	_____
4	_____ age: _____	_____	_____

Other (parent who resides under the same roof as the paying member)

Emergency Contact Persons

Name _____ Phone Number _____ - _____
Name _____ Phone Number _____ - _____

Are you and your family members covered under hospitalization insurance? Yes ___ No ___

Company _____

If necessary, may the staff of Jonestown Swim Club take or send your child to a hospital for emergency medical treatment? Yes ___ No ___

Hospital Preference _____

Signature _____ Date ___/___/2016

Adult financially responsible for membership

Mail form to: Jonestown Swim and Tennis Club, P.O. BOX 25493 Winston-Salem, NC 27114-5493

Passed Along by: _____
(member family name)

Check here if you have read and understand the Jonestown Swim and Tennis Club Rules. (REQUIRED)