

# 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)