



# Shelly Ridge Swim Club Member Application 2010

Please print clearly. Send form and payment fee to: GSEP c/o Shelly Ridge Swim Club, Box 309, Lafayette Hills, PA 19444-0309.

**For the Family membership: all family members must reside at the same address**  
(Proof of residency may be requested)

**Adults:**

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(home) \_\_\_\_\_ (work) \_\_\_\_\_ Email: \_\_\_\_\_

**Children (ages 3-17):**

Name:	Gender	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>New Member</b>	<input type="checkbox"/>
Referred by:	_____

<b>Returning Member</b>	<input type="checkbox"/>
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Yes, I am interested in children's swim lessons	<input type="checkbox"/>
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Number of children aged 2 and under as of Memorial Day (no charge): Girls \_\_\_\_\_ Boys \_\_\_\_\_

**FEES:**

A \$12.00 Girl Scout membership is required of all participants except girls under 5 and boys under 18.

*In addition to membership, this fee pays for a supplemental accident insurance.*

Membership Fee Category	# Individuals	Fee	Total
Family Membership (4 members total)	4	\$525	\$
Add a child in family membership		X \$90	
Adult Membership Fee		X \$155	
Child Membership Ages 3-17		X \$110	
<b>Early Bird Fees BEFORE May 15, 2009</b>			
Early Bird <b>New</b> Family Registration (4 members)	4	\$455	\$
Add a child in new early bird family membership		X \$85	
Early Bird <b>Returning</b> Family Registration (4 members)	4	\$400	
Add a child in returning early bird family membership		X \$80	
Early Bird Adult Membership Fee		X \$135	
Early Bird Child Membership fee		X \$100	
<b>Total Swim Club Membership Fees</b>		subtotal	\$
Girl Scout Membership Fee (for each individual swim club member except boys under 18 and pre-k girls)		X \$12	
<b>Total Payment (membership + GS Registration Fee)</b>		<b>Total</b>	<b>\$</b>

Daily guest passes will be available to members for \$10 each and in discount booklets at the pool.

**PAYMENT METHOD:**

\_\_\_\_ Check enclosed (make payable to "Girl Scouts of Eastern PA")   OR   \_\_\_\_ pay by credit card  
\_\_\_\_ MasterCard   \_\_\_\_ VISA   \_\_\_\_ Discover   \_\_\_\_ American Express

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature on card: \_\_\_\_\_

I hereby waive and release the Girl Scouts of Eastern Pennsylvania (GSEP) and all individuals, staff members or volunteers working in connection with camp activities from any and all possible claims for injury to person or property which might arise in connection with my own or my child/ward's participation in Shelly Ridge Pool activities sponsored by or provided by GSEP.

I do not hold GSEP responsible for any accident or illness which might occur.

**Signature of adult member, parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

For more information contact main office (215) 564-4657 ext 1102.