



Junior's Name	Birth Date	
(Please Print) Last First		
Mailing Address:	City & Zip:	
Home Phone:		
FATHER'S CONTACT INFORMATION	MOTHER'S CONTACT INFORMATION	
Father's Name:	Mother's Name:	
Cell Phone:	Cell Phone:	
Work Phone:	Work Phone:	
	Email:	
Emergency Contacts:  (Name and Telephone Number)  (Name and Telephone Number)		
<ul> <li>Upon acceptance of my summer membership into The Edgebras the Junior Member's parent or legal guardian, I agree to the form 1. To pay in full the membership fee upon application, and to pay services.</li> <li>2. To adhere to the rules and policies of the The Edgebrook Club, and responsible manner.</li> <li>3. To understand that club facilities may not be available at certain meets, due to emergency maintenance, or due to dangerous weed. To be responsible for any property damage of the club premises. In the event of a medical emergency involving my child, I give and I grant permission to any duly licensed medical personne care without incurring liability.</li> </ul>	llowing in the child's behalf:  y in advance all other fees for agreed upon  and to use the club facilities in an acceptable  n times due to club activities such as swim ather conditions, etc.  s by applicant or guests. e consent to Edgebrook to provide first aid,	
their guests waive, release and discharge any and all rights and claployees, and its members for all claims arising or resulting from u or by use of the facilities acknowledge that they have informed the same by use of the club and pool. Parents allowing their children	se of the pool and club facilities. All members, by signing in and/	
Date Of Application: Signatu	re:	
A check in the amount of \$300.00 accompanies this application.		
Prior member? Year of last membership:		

FOR OFFICE USE

File Folder C	OB Database	Charged Summer Fees	Applied Payment