



# HAYMAKER SWIM CLUB 2022 MEMBERSHIP APPLICATION

## RETURNING MEMBERSHIP TYPE - SELECT ONE

**EARLY BIRD RETURNING FAMILY Post Marked by 5-15-22** \_\_\_\_\_ Family **\$279**

\_\_\_\_\_ Family **\$299** (Returning members)

\_\_\_\_\_ Individual (21+) Plus One Child **\$220 (no volunteer fee)** \_\_\_\_\_ Individual (18+) **\$160 (no volunteer fee)** OR  
\_\_\_\_\_ Senior Individual (60+) **\$80 (no volunteer fee)**

## VOLUNTEER INCENTIVE

All RETURNING FAMILIES are required to submit a **SEPARATE \$60** volunteer incentive check with their membership fee.

This check will be shredded once 4 hours are spent helping to open the pool. Hours to be completed by **6/30**.

Checks cashed on 6/30 for any families who have not completed their hours.

**Two separate checks, one for \$60 volunteer fee\*\***

## RETURNING MEMBERS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Child(ren)'s Names: \_\_\_\_\_

Email address(es) \_\_\_\_\_

Is your contact other information from last year (address & phone) still the same? **Yes or No**

Please list any changes: \_\_\_\_\_

## FIRST YEAR MEMBERS SPECIAL RATES & NO VOLUNTEER FEE

\_\_\_\_\_ Family **\$250**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Addresses: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Child(ren)'s Names and Ages: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Referred by: \_\_\_\_\_ (Referring Member gets 5 Free Guest Passes!!!)

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

*\*NOTE: Family defined as those residing in the same residence.*

## GUEST PASSES

\_\_\_\_\_ **Yes, I would like to purchase one punch card of 10 guest passes for \$40.** Punch card required for guest admission (only 2 guests per day max.). No daily rate guest passes will be sold at the front gate.

## CONSENT

The applicants shall be entitled to a full club membership for the 2022 season and shall be entitled to all the privileges associated therewith. By signing below, on behalf of those named on this application and any of our guests, I release the Haymaker Swim Club, the Board of Directors, pool management, pool staff, and the members from any and all liability for any injury or damages resulting from any and all use of Haymaker Swim Club facilities. I also give permission for Haymaker Swim Club to post images of all family members and guests in newsletters and the swim club's website. Please note that this fee is NON-REFUNDABLE after the first date of the pool opening.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checks Payable to: **HAYMAKER SWIM CLUB \*\***

Mail to: Haymaker Swim Club c/o Kristy Giovannitti 1059 Blank Road, Jeannette, PA 15644

QUESTIONS??? email [kristydarragh33@gmail.com](mailto:kristydarragh33@gmail.com)