

**FAIRFIELD-FAIRFIELD CREST SWIM CLUB, INC.  
2010 MEMBERSHIP APPLICATION**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(pls provide if possible to save postage/copying)

Children:	<u>Name</u>	<u>Female/Male</u>	<u>Age on 5/31/10</u>
	_____	f m	_____
	_____	f m	_____
	_____	f m	_____
	_____	f m	_____

- 2010 Membership Type:    \_\_\_ Bondholder from previous year(s)  
                                   \_\_\_ New Member purchasing bond in 2010  
                                   \_\_\_ Associate Member (one year only; no bond purchase required)

**ANNUAL MEMBERSHIP FEES AND/OR BOND PURCHASE FOR SWIM CLUB MEMBERS**

**Annual Membership Fee – (choose one and list amount below)**

- ( ) Adult membership – 1 adult per household only . . . . . \$140
  - ( ) Up to 2 Adult(s) (*same household*) . . . . . \$265
  - ( ) Parent(s) Plus 1 child (*same household*) . . . . . \$290
  - ( ) Parent(s) Plus 2 children (*same household*) . . . . . \$315
  - ( ) Parent(s) Plus 3 children (*same household*) . . . . . \$330
  - ( ) Parent(s) Plus 4 children (*same household*) . . . . . \$345
- (Add \$15 for each additional child beyond 4) . . . . + \$ \_\_\_\_\_

**SUBTOTAL DUE FROM ABOVE** . . . . . \$ \_\_\_\_\_

**Other Fees**

- Babysitter** – *if applicable, please list name* \_\_\_\_\_ **(\$50)** \$ \_\_\_\_\_
- 2010 Capital Improvement Fund Assessment** – *everyone* . . . . . \$ 50.00
- Pool Opening Fee** – *everyone; refunded if Pool-Prep Party attended* . . . . . \$ 50.00
- Late Fee** – *if applicable; current bond members postmarked after 4/30/10* **(\$25)** \$ \_\_\_\_\_

**TOTAL AMOUNT DUE.** . . . . . \$ \_\_\_\_\_

**ANNUAL MEMBERSHIP FEE TOTAL – DUE BY 4/30/10 FOR ALL MEMBERS** . . . . . \$ \_\_\_\_\_

**Forms for current members are due by 4/30/10 to avoid a late fee. Members not responding by 5/31/10 will be assumed to be taking a one-year leave of absence. Dues must be paid unless you are resigning or taking your one-year leave of absence (please refer to FFC Bylaws Article VII, Section 4).**

Please make checks payable to: FFC Swim Club, Inc., and submit check, application, and enclosed medical forms (medical forms are required by insurance) to Jill Reader, P.O. Box 933, Newark, DE 19715. If you have any questions, contact Jill at [jillreader1@comcast.net](mailto:jillreader1@comcast.net) or 302-562-0325. Thank you.

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**NEW BOND PURCHASE**

**\*\*\*FOR NEW MEMBERS PURCHASING A BOND IN 2010\*\*\*  
ANNUAL MEMBERSHIP FEES (above) DUE 4/30/10: BOND FEE (below) DUE 5/31/10  
THERE ARE 3 PAYMENT OPTIONS AVAILABLE TO PURCHASE THE BOND.  
PLEASE INDICATE CHOICE IF APPLICABLE:**

- (  ) **BOND PURCHASE** – new bond–purchasing members only; due by 5/31/10. . . . .(\$350). \$ \_\_\_\_\_
- (  ) **SPLIT BOND PURCHASE** – 2 equal installments; 1<sup>st</sup> \$175 by 5/31/10, 2<sup>nd</sup> \$175 by 7/31/10 \$ \_\_\_\_\_
- (  ) **FINANCE BOND** – finance over 2 yrs (includes \$50 nonrefundable fee); 1<sup>st</sup> \$200 by 5/31/10, 2<sup>nd</sup> \$200 by 5/31/11..... \$ \_\_\_\_\_

The 1<sup>st</sup> installment and membership will be forfeited if the 2<sup>nd</sup> installment is not paid as noted above. Late fees (\$25) apply. If you are resigning your membership, please email or call Jill Reader for instructions. Resignation requests must be received in writing with surrendered bonds by 5/31/10 to be considered within the 2010 year.

Please make checks payable to: FFC Swim Club, Inc., and submit check, application, and enclosed medical forms (medical forms are required by insurance) to Jill Reader, P.O. Box 933, Newark, DE 19715. If you have any questions, contact Jill at [jillreader1@comcast.net](mailto:jillreader1@comcast.net) or 302-562-0325. Thank you.

# 2010 FFC Swim Club

Membership Last Name \_\_\_\_\_

## Membership Family Medical Information

<i>Please Print Clearly</i>	First Name*	Age**	Name of Doctor	Phone # of Doctor	Date of Last Tetanus Shot	Allergies	Special Medical Considerations
Adult Member #1							
Adult Member #2							
Child #1							
Child #2							
Child #3							
Child #4							
Child #5							
Child #6							

\*and last name if different than Membership Last Name indicated at top of page \*\*as of 5/31/10

Health Insurance Company: \_\_\_\_\_ Type: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Emergency Contacts:** In case of illness/injury, call in this order **beginning with parent's names and home, cell, and work phone numbers.**

Name (parents first) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Release (optional): If I cannot be contacted in the event of an injury to or the sickness of my child, I hereby give my permission to the pool manager or his/her designee to administer first aid to or transport my child in order to obtain medical attention from a doctor or emergency center.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Page 1 of 1