

ANIRAV SWIM CLUB

2019 SEASONAL MEMBERSHIP APPLICATION

I/We the undersigned agree to purchase a seasonal membership in Anirav Swim Club according to the rate schedule listed below. Upon acceptance of this application by the Anirav Board, we agree to abide by all bylaws, rules, and regulations that govern the Anirav Swim Club. All memberships are from May 25, 2019 until September 2, 2019.

Please return this completed application, emergency forms and payment to: Anirav Swim Club, P.O. Box 50116, Richmond, VA 23250.

Family Seasonal Membership – \$475.00 Single Seasonal Membership (age 18+) – \$275.00
 Couple Seasonal Membership – \$330.00 Senior Seasonal Membership (age 60+) – \$230.00
 Registration Fee for New Members* only (\$100.00)

* New member = has never been member or not been a member since before 2016 season

Full Name: _____

Address: _____

Telephone: (Home #) _____

(Work #s) _____

(Cell #s) _____

Email Addresses: * _____

*Email is our primary means of communication with the membership. Please include all address where you would like to receive messages.

Please list all additional members of your household (spouse, partner, children, etc.), and please include children's ages**

Name	Relationship	Child's Age
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**IF you have a child or children under the age of 15, you MUST fill out the enclosed "Emergency Contact" form.

Do you have an occupation, skill or hobby that we could utilize at Anirav Swim Club? If so, please share this with us.

How did you hear about Anirav? _____

Were you referred by a member? Yes No If yes, who was the member? _____

Application may be rejected if the undersigned or their family members owe any amounts to Anirav Swim Club for prior years. Upon default, the undersigned agrees to pay attorneys fees and costs incurred by Anirav Swim Club if any sums are collected with the aid of an attorney at law. In addition, by signing below you are giving Anirav Swim Club permission to use photos of you or family members for promotional materials. If you want to opt-out, you must email aniravpool@gmail.com and put on subject line "Opt out photo release".

I have also read and agree to the rules of the Anirav Swim Club.

Signature

Date

ANIRAV SWIM CLUB

2019 DUES OPTIONS AND RULES

Annual Dues (\$25 early bird discount for memberships paid in full by 11:59 pm April 30, 2019)

Family Membership \$475.00 (**\$450**)

Couple Membership \$330.00 (**\$305**)

Single Membership (18+) \$275.00 (**\$250**)

Senior Membership (60+) \$230.00 (**\$205**)

Registration fee \$100 (never been a member or haven't been member since 2016 season)

One Month Trial Option

A one month trial option is available for \$250.00 (one month use only per family). This option must be approved by Treasurer and one other Board Member. In order to qualify for this trial option, you cannot have been a member of Anirav Swim Club since the 2016 season. This is a NON-MEMBER one month trial and is NON-REFUNDABLE. The amount can be applied for a full membership once trial is over.

Guests

- ❖ \$5.00 per guest fee must be before entering pool property.
- ❖ 10 guest passes available for a discounted price of \$40.
- ❖ **In town guest may ONLY VISIT 5 TIMES** in a season.
- ❖ Out of town guests (100 miles) free with valid identification, for a period not to exceed 1 week (7 consecutive days).
- ❖ A guest(s) living in your home for the summer may use the pool for \$50 per person for the pool season.
- ❖ Grandparents are welcome anytime free when accompanying grandchildren to the pool.
- ❖ All guests **MUST** be accompanied by a member in good standing and signed in properly.
- ❖ Children under the age of 2 do not have to pay a guest fee
- ❖ Violators of this policy will not be able to use the pool facility for a period of one year.

Babysitting

- ❖ If a MEMBER sits for a child or children on a regular basis, the member may add the child or children for \$50.00/per child for the season.
- ❖ If you have a regular sitter for your MEMBER child(ren), you may add that sitter for \$50.00 for the season.

Must be 15 years or older to be considered a babysitter

- ❖ In both cases, the sitter and child **MUST** accompany one another.

Anirav Swim Club • P.O. Box 50116, Richmond, Virginia 23250-0116 • www.aniravpool.com

ANIRAV SWIM CLUB, INC. - EMERGENCY INFORMATION 2019

(YOU MUST COMPLETE THIS FORM EVERY YEAR FOR ALL CHILDREN UNDER 15)

CHILD's NAME _____
DOB: _____ AGE _____
GENDER: M or F _____
List Medication's taken on a regular basis: _____

CHILD's NAME _____
DOB: _____ AGE _____
GENDER: M or F _____
List Medication's taken on a regular basis: _____

List if allergic to any medication to food, plant, animal or insect Toxin _____

List if allergic to any medication to food, plant, animal or insect Toxin _____

List ANY condition that may require special attention _____

List ANY condition that may require special attention _____

CHILD's NAME _____
DOB: _____ AGE _____
GENDER: M or F _____
List Medication's taken on a regular basis: _____

CHILD's NAME _____
DOB: _____ AGE _____
GENDER: M or F _____
List Medication's taken on a regular basis: _____

List if allergic to any medication to food, plant, animal or insect Toxin _____

List if allergic to any medication to food, plant, animal or insect Toxin _____

List ANY condition that may require special attention _____

List ANY condition that may require special attention _____

Mother's Name _____

Mother's Home Address _____

Mother's Business Address _____

Mother's Home Phone _____ Mother's Business Phone _____

Father's Name _____

Father's Home Address _____

Father's Business Address _____

Father's Home Phone _____ Father's Business Phone _____

If parents are not available in an emergency, notify:

Name _____

Phone _____

Address _____

Relationship _____

Name of Dentist _____

Phone _____

Insurance Company _____

Policy Number _____

Name of family physician _____

Phone _____

Insurance Company _____

Policy Number _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I authorize ANIRAV pool employees to seek emergency medical attention for my child.

Parent's Signature

LIABILITY RELEASE AND INDEMNIFICATION

I, the undersigned member of Anirav Swim Club (Anirav), as appropriate, request voluntary participation for myself and/or family to participate in all events and activities sanctioned or sponsored by Anirav Swim Club. This Liability Release and Indemnification Agreement ("Agreement") is valid while the member is registered and in good standing of the Anirav Swim Club.

I consent to my/family's participation at Anirav and acknowledge that I fully understand my/our participation may involve risk of serious injury or death, including losses which may result not only from my/our own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas at Anirav. I understand that if I have any risk concerns, I should discuss the risks associated with my/our participation with the Board of Directors of the Anirav, before I sign this document.

Release - Member's Rights:

In consideration of allowing my/our participation at Anirav, I hereby release and hold harmless Anirav and its members of its Board of Directors, coaches, employees, volunteers, other participants and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities whatsoever of whatever nature or kind, whether known or unknown, including actual, consequential and punitive damage, or legal fees that I/We may have or sustain with respect to any and all damage and/or injury, of any type, arising out of my/our participation. I also agree that if any portion of this Agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I certify that I am in good health and have no physical condition that would prevent participation at Anirav. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Release - Guest Rights:

In consideration of bringing guests to Anirav, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages and liabilities, whatsoever of whatever nature or kind, whether known or unknown, including actual, consequential and punitive damage, or legal fees that I/our guest(s) may have or sustain with respect to any and all damage and/or injury, of any type, arising from guest's participation at Anirav. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I certify that my/our guest(s) is/are in good health and there is no physical condition that would prevent participation at Anirav. Furthermore, I consent to emergency medical treatment in the event such care is required.

Indemnification:

The undersigned member further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising while at Anirav Swim Club. The undersigned also agrees that this Agreement extends to all acts of negligence, misconduct or act of omission by Member and/or guests of the member and is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Virginia in which Anirav is located and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Member Acknowledgment:

The undersigned member/family does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above of all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act, and releases said parties on behalf of the member/family and/or guest(s) of this member/family.

Member Signature: _____ Date: _____