

## CHAPMAN POOL 2017 Membership Form

PLEASE PRINT LEGIBLY OR FILL OUT ELECTRONICALLY

LAST NAME:

*Membership record and pool sign-in roster will be listed under this last name.*

PRIMARY CONTACT NAME FOR HOUSEHOLD:

PRIMARY CONTACT'S PHONE:

PRIMARY CONTACT'S EMAIL ADDRESS:

HOME ADDRESS:

CITY:

STATE:

ZIP:

**Household Members (Must all live at address above; proof of residence may be required)  
If you need additional space, please use the back of this form.**

Household Members (First & Last Name)	Date of Birth	Relationship	Phone # and/or email (if different from above)

**Renewing Membership:**

**Dues:** \$450 \_\_\_\_\_

**Dues + Late Fee:** (\$100 after May 15th): \$550 \_\_\_\_\_

*If you already know you prefer to "opt out" of the two hour/household volunteer requirement to help open the pool, you may add the Opt-out fee of \$35.00 to your payment.*

**New Membership:**

**Dues:** \$450 + **One-time Membership Fee:** \$300

**Total Amount:** \$750 \_\_\_\_\_

**Mail Payment to: Chapman Pool, PO Box 770, Huntsville, AL 35804  
Make Check or Money Order Payable to: Chapman Pool**

*The undersigned, on behalf of themselves and as the parents and/or guardians of the minor children for the above stated household:*

(1) Consent and authorize the above named household members to participate and engage in activities at Chapman Club Inc. dba Chapman Pool; (2) Agree that the above named household members and their guests will abide by the rules and regulations of Chapman Pool; and that participation in activities may involve risks of personal injury and property damage that may arise while on the grounds of Chapman Pool and voluntarily and knowingly assume those risks; (3) Agree that in using the premises, release and agree to indemnify and hold harmless Chapman Pool, its Board of Directors, officers, employees, volunteers, and agents, both individually and in their representative capacities in accordance with the Bylaws of Chapman Club Inc.; and (4) In the event medical treatment is required, I hereby give my consent for any and all care to be administered to the above named minor children until such time as I can be contacted. This permission includes, but is not limited to, the administration of first-aid, the use of an ambulance, and any other medical treatment under the recommendation of qualified medical personnel.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form must be completed and signed by an Adult Head of Household before any household members will be admitted entrance to the pool.*

**For Membership / Administrative Use Only**

**Application Accepted by:**

**Payment Method:**

**Date Received:**

Payment Accepted by:

\_\_\_\_\_ Check or Money Order (Ck/MO# \_\_\_\_\_)  
\_\_\_\_\_ Credit Card (\$15 convenience fee applies)