Nahunta Swim Club Information Sheet Year_____

Please complete this form, print, and submit with your yearly fee. Make checks payable to **Nahunta Swim Club** and mail this form and check to **Nahunta Swim Club**, **c/o Paige Renfrow**, **274 Pikes Cemetery Road**, **Pikeville**, **NC 27863**. New members should expect a one week wait period while references are checked.

| Type of Membership (Circle One): | Shareholder | Season Pass Holder |
|---|---|--|
| Member Names: Please list names of all | household members | |
| Father: | · | |
| Mother: | | |
| Child 1: | | Age: |
| Child 2: | | Age: |
| Child 3: | | Age: |
| Child 4: | | |
| Child 5: | | |
| If you use a babysitter for your child(r | en) at the pool, please er visit, per day.) If a b EST and guest fees app | |
| Contact Information: | | |
| Home address: | | |
| Email address: | | |
| Home phone #: | | |
| Father's cell phone #: | | |
| Father's work #: | | |
| Mother's cell phone #: | | |
| Mother's work #: | | |
| May we contact you via text and/or ema | il? Text: Yes No E | mail: Yes No |
| Emergency Contact: | | |
| In case of an emergency please list some | one, we may contact. | |
| Name: | | Phone #: |
| Health Information: | | |
| Please list any health or allergy condition | n that would be importa | ant for our lifeguards to know about your family |
| members. | | |
| Name: | All | lergy: |
| Name: | Al | llergy: |
| Name: | Al | llergy: |
| Explanation: | | _ |
| For New Members Only (Required, no | t a family member): | |
| Please list two references. | | Dl # |
| Name: | | |

Note: Household members must reside at the address provided on this form. Exceptions to this rule must be brought before the Board of Directors of the Nahunta Swim Club and will be voted on by a case-by-case basis.