Somerset Hills Swim Club 

P.O. Box 6711

Bridgewater, NJ08807

[Somersethills.swimclub@gmail.com](mailto:Somersethills.swimclub@gmail.com)

908-526-9789 [www.shpool.org](http://www.shpool.org)

**2017 New Member Invoice - SINGLES**

Please complete and return this form, and the emergency form with your payment. Checks should be made payable to Somerset Hills Swim Club. Do not send cash!

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

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note that membership type is determined by household size, not by who will be coming to the pool.*

**Amount Due: $\_300.00** 2017 Single Membership

**+ \_150.00** One Time Application Fee

**+ 100.00** Separate Check for Work Bond dated 9/1/17\*\*

**$\_\_550.00 Total Enclosed**

**Pool Rules and By-Laws**: I have read the SHSC Pool Rules and By-Laws available on the website (www.shpool.org). All members of our family agree to abide by SHSC Pool Rules and By-Laws.

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Signature Name (please print) Date

**Work Bond**: Each household is also responsible for submitting a **$100 work bond check** for the 2017 season (see Work Bond Form). When one family member, eighteen or older, works one three-hour shift on a designated pool work day or at an otherwise arranged time, your check will be returned to you. **If the work is not performed in 2017, your check will be deposited in September. This is in addition to your annual dues.** Look for email or check the website for work days.

I have read the above Work Bond statement and acknowledge my family’s work bond responsibilities.

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Signature Name (please print) Date

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**Participation Release:**  I release and hold harmless Somerset Hills Swim Club, its board and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself and/or any member of my family while in or upon the premises or any premises under the control and supervision of Somerset Hills Swim Club, its board and operators or while en route to or from any of said premises.  In addition, I acknowledge that any injury would be covered by the injured party’s personal medical insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                            Name (please print)                          Date

**Photo Release:**  I hereby grant the Somerset Hills Swim Club (SHSC) the right to display a photograph of all family members on the SHSC website, and in SHSC newsletters and marketing materials.

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Signature Name (please print) Date

\*\*This separate check is required to meet the Work Bond requirement. The same will be returned to you if you meet the Work Bond requirement for 2017, as described in the Work Bond statement, above. If you do not meet the requirement, the check will be cashed in September, 2017.

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