



# 2018 Child Add-On Registration

Sponsoring Member Name:  Member Number:

Added Child Name (First & Last):

Address: \_\_\_\_\_  
(Number and Street) (City) (Zip)

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Does this child have allergies or other conditions of which emergency medical personnel should be alerted?

**NO YES** (list details on back)

Birth Date (Add-Ons must be under 18 years old!): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

## Payment *(skip if already paid):*

       **Add-On to Family (\$160)** May be used to add a single child to your Family or Couple membership. Limit 2 Add-Ons per membership (at \$160 each).

## Release and Indemnity Agreement:

The undersigned, as the parents and/or natural guardians of the minor child named above:

- (1) Consent and authorize the listed individual to participate and engage in activities at Tamarack Swim Club;
- (2) Acknowledge that participation in activities at Tamarack Swim Club involve risks of personal injury and property damage that may arise while on the grounds of Tamarack Swim Club and voluntarily and knowingly assume those risks;
- (3) In consideration of the efforts to minimize annual membership dues and as a condition for the privilege of using the premises, release and agree to indemnify and hold harmless Tamarack Swim Club, its Board of Trustees, officers, employees and agents, both individually and in their representative capacities from any and all liability, claims, actions, demands and judgments arising out of any injuries to themselves, their household members, their minor children and any of the guests of these persons, sustained while participating in any activity at or on the grounds of TSC;
- (4) Agree that the above named individual and their guests will abide by the rules and regulations of TSC; and
- (5) In the event of a situation requiring medical treatment, I hereby give my consent for any and all medical care and/or dental attention 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 the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

X \_\_\_\_\_  
Signature Date  
(Parent/Guardian of  
Minor Child Listed Above)

*This statement must be completed and signed by the Child's PARENT before the child will be admitted.*

## Sponsoring Member Agreement:

The undersigned member acknowledges that, as the sponsoring member, I am responsible for the behavior and actions of the above named individual, and will assume responsibility for any damage caused to the Tamarack Swim Club property by this individual as if they were a member of my family.

X \_\_\_\_\_  
Signature Date  
(Adult Sponsoring Member)

*This statement must also be signed by the Sponsoring Member before the Individual will be admitted.*

Accepted at pool by: \_\_\_\_\_ Check #/CASH/CREDIT \_\_\_\_\_ Amount: \$ \_\_\_\_\_