

BLACK OAK SWIM CLUB 2010 MEMBERSHIP RENEWAL AND DUES STATEMENT

(Please Print)

Membership Type (Check One): Individual Family Military Year-By-Year 15+Years

Last Name: _____ Home Phone: _____

Address: _____
 Street City Zip Code

Primary Email: _____

Alternate Email: _____

BOSC will send you periodic updates of pool activities and other information

MEMBER INFORMATION:

List all members of your household to be included in your membership

First Name	Last Name (If different)	Date of Birth	Emergency Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release and Indemnity Agreement:

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

- (1) Consent and authorize their household members to participate and engage in activities at the Black Oak Swim Club;
- (2) Acknowledge that participation in activities at Black Oak Swim Club involve risks of personal injury and property damage that may arise while on the grounds of BOSC 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 Black Oak 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 BOSC, including those based on negligence, nuisance, premises liability, latent defect, breach of contract or tort; and
- (4) Agree that the above named household members and their guests will abide by the rules and regulations of the Black Oak Swim Club;
- (5) Grant permission for Black Oak Swim Club to send periodic updates and other information via email, with the understanding that this email address will never be provided to another party.

X _____
 Signature
 (Adult Household Member Individually and/or
 Parent/Guardian of Minor Children Listed Above)

Date

X _____
 Signature
 (Adult Household Member Individually and/or
 Parent/Guardian of Minor Children Listed Above)

Date

Payment Summary:	Number	Amount Paid	Please send dues statement and all payments to:	Office Use Only
Dues (See letter):	_____	_____	Brenda Kraner 8800 Sugarcreek Pt. Centerville, OH 45458 Phone: 312-9240 Email: bkraner@woh.rr.com	Check Info:
Sales Tax	_____	_____		Number: _____
Late Fee	_____	_____		Date: _____
Babysitter Pass \$50 x _____	_____	_____		Amount: _____
Guest Passes \$40 x _____	_____	_____		Membership #: _____
Grandchild/Grandparent pass (1 st one \$50, \$20 add'l) x _____	_____	_____		
Swim/Dive Fees	_____	_____		
Raffle Ticket \$10/each x _____	_____	_____		
TOTAL PAYMENT:	_____	_____		By: _____

Do you or one of your family members use the tennis courts? Check one yes no

If you checked yes, who in your family uses the tennis courts? Check all that apply.

husband wife children

VOLUNTEER OPPORTUNITIES

Our swim club depends on its volunteers. Please indicate any areas where you would be willing to help us better meet the needs of all members.

Spring Clean-up/Fall Shutdown Landscaping Committee

Maintenance Committee Fundraising Committee

Lost and Found Recycling Removal

Social Events - Event Preferences: Adult Family Kids

EXTENDED FAMILY

Parents, sons and daughters (including their spouses and children) of adult members.
Extended family members must live outside a 30 mile radius of the City of Centerville.

First Name Last Name Address (City, State) Relation to Member Birthdate

PHOTOGRAPHY CONSENT RELEASE FORM

I, (print name) _____, hereby grant permission to Black Oak Swim Club to take and use: photographs and/or digital images of me and those included in my swim club membership, for use in print and electronic media. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of Black Oak Swim Club. I hereby certify and represent that I am of sound mind and body and comprehend and understand the contents of this release.

Signature _____ Date _____

(Adult household member, individually and/or parent and guardian of the minor(s) listed.)

Please make check payable to: Black Oak Swim Club
Mail form and check to: Brenda Kraner, 8800 Sugarcreek Point, Centerville, OH 45458

For membership inquiries, contact Brenda Kraner, 312-9240 or bkraner@woh.rr.com.

Current 2010 rules are available upon request or can be accessed by visiting our website:
www.blackoakswimclub.com.