



Brookside Swim Club Membership Form

Please fill the below form to completion and submit along with payment via our online site or by mailing to:

Brookside Swim Club, P.O. Box 42054, Cincinnati, OH 45242. Please make checks payable to: Brookside Swim Club.

Name on membership: _____

For the summer of: _____

Membership Type (tax included): Family \$575.00 | Couple \$465.00 | Single \$340.00

Online payments include a service/transaction fee not included above. Please refer to <https://www.brooksidewimclub513.com/join-today> for final cost via online payment.

Adult 1 Name (First and Last): _____

Phone: (____) _____ - _____ Email: _____

Occupation: _____

Adult 2 Name (First and Last): _____

Phone: (____) _____ - _____ Email: _____

Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Child 1 Name and Age: _____

Child 2 Name and Age: _____

Child 3 Name and Age: _____

Child 4 Name and Age: _____

Child 5 Name and Age: _____

Child 6 Name and Age: _____

Child 7 Name and Age: _____

Child 8 Name and Age: _____

Agreement: I, as the party responsible for the persons listed above, agree to abide by the rules and regulations of Brookside Swim Club and agree to honor the financial commitment of above selected membership. I agree that Brookside, its Board of Trustees and employees shall be held harmless for any personal injury or property damage suffered by above members due to my (our) own negligence.

Signed: _____ Date: _____