



4355 Saucon Creek Road Center Valley, PA, 18034  
 610-625-4848 Fax: 610-625-4850 www.swim-inzone.com

## MONTHLY MEMBERSHIP/ PUNCH CARD

Registration Form

Today's Date \_\_\_\_\_

Family Last name \_\_\_\_\_

Full Address \_\_\_\_\_

Number and Street City, State Zipcode  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Punch Card Purchase Price \_\_\_\_\_ or Monthly Membership Purchase price \_\_\_\_\_  
 Non-refundable Registration fee for Monthly memberships \$35.00

Family= immediate family members living under the same roof, including dependents under the age of 21.  
**Adults:** Waiver must be signed for each family member or anyone using your punch card.

_____	_____	_____
Name	Cell Phone	Date waiver signed

_____	_____	_____
Name	Cell Phone	Date waiver signed

**Children:** Waiver must be signed for each family member. Please identify medical concerns on waiver.

_____	_____	_____
Name	DOB	Date waiver signed

_____	_____	_____
Name	DOB	Date waiver signed

_____	_____	_____
Name	DOB	Date waiver signed

Swim School always has priority at Swim-in Zone. Swim-in Zone has the right to limit the number of swimmers participating in family swim and deny entrance if there are many lessons in the pool or if there are too many already in the pool for family swim. If you are participating in a family swim, please make sure everyone stays clear of the teachers and lessons. Open swim hours may be changed depending on swim school needs.

I have read and am aware of the Swim-in Zone policies and rules. \_\_\_\_\_

**Payment must accompany this registration. Faxed forms must supply credit card information.**

**Payment method:** Cash Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_