

# 2019 WOOD VALLEY SWIM AND RACQUET CLUB

## MEMBERSHIP & EMERGENCY CONTACT INFORMATION

		Existing Member	<input type="checkbox"/>
Family Last Name	Home Phone Number	New Member	<input type="checkbox"/>

Mailing Address			
City		NC	Zip Code

Member Name(s)	Cell Phone	Work Phone	Email
Children/Other Family Members (living in your household) and date of Birth (mm/yr)		Allergies Health Awareness Info	
Nanny	Relationship	Contact Information (phone)	

List any other health or allergy problems: \_\_\_\_\_

Persons and Phone #'s to Contact in Case of Emergency – *your home, work &/or cell assumed first:*

Emergency Contact	Relationship	Contact Information (phone)

**Our Family (and our Guests) will abide with all Rules and Regulations while using the facilities at WVSRC.**

\_\_\_\_\_  
Signature of Member

Date: \_\_\_\_\_

<b>FOR WVSRC USE ONLY:</b>			
Amount Paid: \$	_____	Date: _____	_____
Check #:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> PavPal	Received by