

MIDWAY SWIM & RACQUET CLUB, INC.

P. O. Box 994 ▪ Welcome, NC 27374

Member Name: _____

Guest Name(s)	Birthdate	Pass/Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address _____

Phone Numbers: Home _____ Cell _____

Email _____

Emergency Contact Name & Phone _____

Hospital Preference _____

Physician Name & Phone _____

If guest is a minor attach permission slip. Have guest sign this form.

By signing this form, I verify that the above information is correct and I release Midway Swim & Racquet Club, Inc., from any claim(s) for damage(s) or injury(ies) while on the premises of Midway Swim & Racquet Club, Inc.

Signature

Date

Signature

Date

Signature

Date

Signature

Date