

2024 BROOKWOOD POOL MEMBERSHIP APPLICATION

Applicants' Names: _____

Address: _____

Children: _____ Age _____

_____ Age _____

_____ Age _____

Phone: _____ Email: _____

Phone: _____ Email: _____

***Please note: A printed family photo (or email to brookwoodmembership@gmail.com) is **REQUIRED**. This will be kept in the Guard Shack and will be used to grant entry into the pool.

PLEASE CHECK YOUR DESIRED MEMBERSHIP LEVEL

Family Membership: Applicant, Spouse, and their dependent Children. Dependent Children are defined as a member's child, step child, or foster child under the age of 19, or under the age of 24 if a full-time student, or a dependent child at any age that is disabled.

DUES: \$450.

_____	_____	_____
Type of Payment	Amount Paid	Date Paid

Single/Couple/Senior Membership: Individual Adult (18+), Adult Couple, and Senior individual or couple. Single Adults, Senior individuals or couples with dependent children must join at the standard family rate. **DUES: \$300**

_____	_____	_____
Type of Payment	Amount Paid	Date Paid

Dedicated Membership: Three consecutive years of family membership, must be the same family. **(SAVINGS OF \$290)** Applicant, Spouse, and their dependent Children. Dependent children are defined as a member's child, step child, or foster child under the age of 19, or under the age of 24 if a full-time student, or a dependent child at any age that is disabled.

DUES: \$1000

_____	_____	_____
Type of Payment	Amount Paid	Date Paid

*Installment plans require an equal payment due at the end of each month, resulting in a paid balance by April 30, 2023. Any balances unpaid by opening day must be satisfied before members can access the pool facilities. Installment payments are non-refundable, except in cases of hardship that will be reviewed by the board. Completed registration form should be submitted with your first installment payment. Payments **MUST** be signed up in auto draft and will be subject to \$5.99 convenience fee, per draft.

2024 Brookwood Pool (4 month) Payment Plan

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____ ***IMPORTANT**

There is no interest charged, but there will be a \$5.99 convenience fee, per draft. The account will be debited/credited the last day of each month, until membership is paid in full. If for some reason you do not want it run on the dates provided, it is your responsibility to make another form of payment before the selected date of every month. Your balance can be paid off at any time.

<p>Card 1</p> <p>Card type: visa mastercard</p> <p>Name on Card: _____</p> <p>#: _____</p> <p>Exp: _____</p> <p>CVS (3-digit code on back): _____</p>	<p>Card 2</p> <p>Card type: visa mastercard</p> <p>Name on Card: _____</p> <p>#: _____</p> <p>Exp: _____</p> <p>CVS (3-digit code on back): _____</p>
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Months: 4 months other _____

Month	Amount	Paid	Date & Pool Rep
January			
February			
March			
April			

I authorize Brookwood Pool to debit/credit my account for the amounts and dates written above. I take full responsibility for all payments.

Office USE ONLY

Signature

Date

Total amount on payment plan:

2024 BROOKWOOD POOL MEMBERSHIP APPLICATION

Applicants' Names: _____

New Member: YES NO Referred By: _____

*Brookwood Pool is a private, members only pool. Brookwood's facilities are for use by its members and their guests. Members must accompany their guests to the pool. For 2024, guest fees will be \$5 per person, with a \$20 family maximum. Local guests are limited to 5 paid visits per season.

*Family memberships are allowed to list a sitter that will have access to the pool while they are working. Sitters will not enjoy membership benefits when they are off duty.

Sitter Name: _____

*Children under the age of 14 are not allowed at the pool without adult supervision

*We are a tobacco free pool. This includes all forms of tobacco use, as well as vaping

Required Insurance Information

Health Insurance Provider: _____ Policy #: _____

Primary Card Holder: _____

Emergency Contact Name: _____ Phone: _____

By signing below, I attest that I have read the Brookwood Pool Rules listed on the Brookwood pool website (www.brookwood-pool.com) and agree to follow them along with my family and all guests.

Signature of Applicant: _____ **Date:** _____

PLEASE MAIL APPLICATION AND PAYMENT TO:

BROOKWOOD POOL, PO BOX 863, CLEMMONS, NC 27012

***WE ACCEPT CASH, CHECK AND ALL MAJOR CREDIT/DEBIT CARDS**

Did you know that we have an award-winning swim team? We would love for your little ones to join us in learning more about swimming and techniques, in a team environment. Please visit our website (www.brookwood-pool.com) for more information. Like us on facebook.com/BrookwoodPool, for up to date Brookwood news.

MEDIA RELEASE FORM

I, _____, grant permission to Brookwood Pool and Tennis Club, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____

(if under 20 years of age)