Harbourside Swim Club

Membership registration · 2027 season

Pool office
Open 7am to 9pm daily

1 Member details

Full name: Amara Lindqvist

Date of birth: 03/22/1988

Email: amara.l@example.net

Phone: 555 0142 381

Home address: 14 Quayside Terrace, Harbourside

2 Membership

Membership type

- [ ] Adult
- [x] Family
- [ ] Junior
- [ ] Senior

Start month: January

Classes of interest (choose any)

- Lane swimming
- Aqua fitness
- Stroke clinic
- Junior squad
- Open-water preparation

- [x] Send me the monthly newsletter
- [ ] I can help at gala weekends
- [x] Club photos may include me

3 Emergency contact

Name: Jonas Lindqvist

Relationship: Partner

Phone: 555 0188 902

Medical notes the lifeguards should know about (optional)

4 Declaration

- [x] I have read the pool rules and confirm the member can swim 25 metres unaided.

Signature

Date signed

Hand the form in at the pool office or send it to members@harbourside.example. Fees are taken on the first of the month.