

2019 Cardinal Hill Recreation Club-Summer Membership Form

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

CHRC Member Since: _____

Please list all phone numbers/emails that you would like to get notifications regarding CHRC

News/Events/Pool Closings. This information will be used to conduct CHRC business only.

Email: _____ Phone: _____ Email: _____ Phone: _____

Email: _____ Phone: _____ Email: _____ Phone: _____

Yourself/Spouse/Children/Dependents Living in your Household:

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth
1.		4.		7.	
2.		5.		8.	
3.		6.		9.	

Board Approved Babysitter/Nanny/Caregiver/dependent not living in your Household:

Name	Date of Birth	Relationship	Additional Fee for 2019 season	
1.			\$100.00	

2019 Summer Membership Rates- Please check boxes that apply

Single Adult	\$430.00	<input type="checkbox"/>	2 Adult Family	\$485.00	<input type="checkbox"/>	Family with dependent	\$565.00	<input type="checkbox"/>
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All FEES INCLUDE TAX. Summer Memberships DO NOT include lower membership rates, discounted clubhouse and pool rentals, policy voting privileges, or opportunity to serve on the CHRC Board. If you are interested in becoming a "Full Member" to get the above perks, please, look at our "Full Member" information on www.cardinalhillrec.org

CHRC Medical Information

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Preferred Hospital: _____ Alternate Contact: _____

Child	Allergies/Other	Date of Last Tetanus

In my absence, CHRC staff is authorized to obtain emergency medical care for my child.

I authorize CHRC to use photos of Myself/Spouse/Dependent for CHRC website/social media ___ YES ___ NO

I have read and agree to all CHRC rules and terms.

Parent or Guardian Signature _____ Date _____

Please mail form and payment to: Cardinal Hill Recreation Club

Payments can also be made online at:

Make Checks payable to: PO Box 340101
Cardinal Hill Recreation Club Beavercreek, OH 45434

www.cardinalhillrec.org/
Fees Apply