

**SEVERN RIVER SWIM CLUB
P.O. BOX 271
SEVERNA PARK, MD 21146**

**FAMILY INFORMATION FORM
2011 Season**

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

- Check if you would like to receive the Severn River Swim Club newsletters via e-mail*.**
*Privacy policy: email addresses are kept on a secure server and are not used for any other purpose then to notify members or send newsletter. Members may unsubscribe to newsletter via e-mail at any time.

Please provide the following information for **ALL** members of your household (***including you and your spouse***) that you wish included on your membership for SRSC, Inc. Anyone **NOT** listed may be denied access to the pool. **This form must be filled out EACH year.**

I certify that, in accordance with the By-Laws, all persons listed below are related to me AND live in the same house as me _____.
(signature required)

LAST NAME	FIRST NAME	RELATIONSHIP	YEAR OF BIRTH (children only)

Also, please provide a current photo for all persons listed above. Photos may be e-mailed to membership@severnriverclub.com