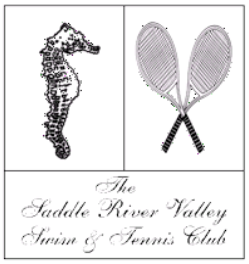

THE SADDLE RIVER VALLEY
SWIM & TENNIS CLUB
P.O. BOX 443, SADDLE RIVER, NJ 07458
WWW.SRVCLUB.COM - INFO@SRVCLUB.COM

MEMBER INFORMATION SHEET

For Club Use Only

Date Received: _____

Date Admitted: _____

Member Number: _____

First & Last Names of Head of Household:

Home Address: | **Home Phone:**

City: **State:** **Zip:** | **Cell Phone:**

Primary e-mail address: | **Work Phone:**

Business Address (For Emergency Use Only):

Person(s) to contact in case of an emergency: | **Phone(s):**

_____ _____

Family Physician: | **Phone:**

So that our staff may be of assistance in an emergency, list in detail all physical/mental handicaps, any medical information that we should be aware of and any allergies in your family. This information will be held strictly confidential. Use additional pages if space if necessary.

Please list all members of your immediate family permanently residing with you at the above home address:

Full Name: | **Date of Birth (children only):**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Agreement:
1. The Saddle River Valley Swim & Tennis Club, Inc., has my consent for medical care for myself if I am incapacitated, and my children named herein. 2. I have read the cover letter to this application and fully understand and agree with its content. 3. I certify that the information on all pages of this form is complete and correct. I understand that this is a permanent membership form and that it is my responsibility to notify the Saddle River Valley Swim and Tennis Club, Inc., if the status of any member listed on this application changes. 4. I agree that I and all members of my family listed herein will be subject to and abide by all the by-laws, rules & regulations of the Saddle River Valley Swim & Tennis Club, Inc.

_____ _____

Signature of Head of Household | **Date**