

## 2024 MEMBERSHIP APPLICATION

1063 COLONY HILLS LANE, CUPERTINO, CA 95014 ~ 408-725-9389

Please type or print legibly.

DATE:

| FAMILY (LAST) NAME: |      | PHONE:                 |
|---------------------|------|------------------------|
| ADDRESS:            |      | OWN, CRENT             |
| CITY:               | ZIP: | YEARS AT THIS ADDRESS: |
| E-MAIL:             |      | CELL:                  |

## FAMILY MEMBERS: (PLEASE INDICATE WITH AN 🗵 THOSE WHO <u>CANNOT</u> SWIM (LESSONS MAY BE AVAILABLE).

| (Husband's first name)     |                 | (Wife's first name) |         |        |
|----------------------------|-----------------|---------------------|---------|--------|
| CHILDREN:                  | BOY OR GIRL:    | DATE OF BIRTH:      | SCHOOL: | GRADE: |
| □                          |                 |                     |         |        |
| □                          |                 |                     |         |        |
|                            |                 |                     |         |        |
|                            |                 |                     |         |        |
| OTHERS PERMANENTLY RESIDIN | IG WITH FAMILY: |                     |         |        |
|                            |                 |                     |         |        |

## PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

OCCUPATION(S): (i.e. accountant, lawyer, teacher, etc.)

| HUSBAND'S:       |                                 | EMPLOYER:   |                    |
|------------------|---------------------------------|-------------|--------------------|
|                  | (Occupation)                    | WORK PHONE: |                    |
| NIFE'S:          |                                 | EMPLOYER:   |                    |
|                  | (Occupation)                    | WOR         | RK PHONE:          |
| SPECIAL NEEDS O  | F ANY FAMILY MEMBERS:           |             |                    |
| OTHER EMERGEN    | CY CONTACT (IMPORTANT!) - NAME: |             | PHONE:             |
| MY FAMILY WILL P | ROBABLY (check one) □WALK, □BI  | CYCLE.      | DRIVE TO THE POOL. |

Please return this <u>completed</u> form (all lines must be filled in, or your application is invalid). Full family dues as of 8/31/2024 are \$350\*. Dues for a couple (no children under 18 living at home) are \$250\*. (Included for all membership levels is a one-time \$50 initiation fee for new members). Attach your check (made payable to Laurelhurst CC) to this form OR use VENMO or ZELLE (associated I.D. is 408-892-4963 or @Laurelhurst-Pool). We also accept credit cards. (Call us with your card info). Membership is limited. Your membership is subject to board approval

I agree to read and abide by all Laurelhurst rules, policies, and procedures (available at: <u>www.laurelhurstpool.com</u>), and acknowledge Release of Liability (attached).

## **RELEASE OF LIABILITY**

In consideration of membership in Laurelhurst Cabana Club I agree, on behalf of myself, my family, and our guests to be responsible for any damage to the facility caused by the aforementioned, and to make no claim against Laurelhurst Cabana Club INC., or its employees, directors, agents, members, or board members (collectively referred to as the "Released Parties") for any injury or damage to my family, myself, or our guests arising from negligence, lack of supervision, or other acts, however caused.

In addition, I release and discharge the Released Parties for all actions, claims or demands that I or my family, or our guests, have or may have for personal injuries received at the facility, or personal property loss or damage resulting from any activities. This includes injury or damage caused by negligence, active or passive, or other actions of the released parties.

I have read this agreement, and I understand this is a COMPLETE RELEASE OF ALL LIABILITY of Laurelhurst Cabana Club Inc., its employees, members, directors, agents, and board members.