Jonestown Swim Club, Inc.

2027 Membership
www.jonestownpoolws.org

Please mail your completed application to Jonestown Pool, PO Box 25493, Winston-Salem, NC 27114-5493.

Legal Name _____ _____
(Last) (First)

Address _____
(Street)

_____
(City) (State) (Zip)

Personal Phone Number(s) _____

Place of Employment

_____
Place of Employment Primary Adult Member — Work Phone

_____
Place of Employment Secondary Adult Member — Work Phone

Please share email addresses to state updated on happenings at the pool.

Email 1
Email 2

Please list ALL members' names and any allergies or major medical conditions.

Member Name	Allergies	Major Medical Conditions

Please list the names and ages of any children (age 25 before May 1, 2027) Anyone turning 25 before May 1st must have their own membership.

Name	Age

Please share the names of two emergency contacts.

Name	Phone Number

Are you and your family members covered under hospitalization insurance? Yes _____ No _____
Insurance Company Name_____

If necessary, may the staff of Jonestown Pool take or send you or your child to a hospital for emergency medical treatment? Yes _____ No _____

Hospital Preference _____

Initial here _____to indicate you have read, understand, and will abide by the Jonestown Pool rules (required).

I agree to participate in the activities of Jonestown Swim Club, Inc. I certify that I am in good physical condition, and in the case of illness or injury, I authorize the calling of the rescue squad and/or transportation to the hospital chosen for medical treatment. Jonestown Swim Club, Inc. is not held liable for or responsible for expenses incurred. Jonestown Swim Club, Inc., are not responsible for any accidents which may occur while participating in club activities and events.

Under the terms of this agreement, I release liability of Jonestown Swim Club, Inc., including their agents, employees, affiliates, and board members from any and all claims, demands, damages, actions, causes of action of suits of any kind or nature whatsoever, which now or hereafter have arising out of or in any way relating to any and all injuries and damages of any kind to bother person and property, and also any and all injuries and damages that may develop in the future as a result or in any way relating to the liability. It is understood and agreed that this release is made, and the terms of this release are contractual and not merely a recital. This release shall be binding upon the undersigned members and guests of Jonestown Swim Club, Inc.

_____ _____
Signature of adult financially responsible for membership dues Date

How did you hear about our pool? Please check all that apply.
_____ Returning member
_____ Member referral – please provide member's name _____
_____ Google search
_____ Facebook
_____ Flyer, Door Hanger, Yard Sign, etc.
_____ Drove by pool

Please mail your completed application and payment to us at the address below:

Jonestown Swim Club
P.O. BOX 25493
Winston-Salem, NC 27114-5493

Thank you for joining Jonestown Swim Club, Inc. See you soon!

2027 Membership Rates

**** All payments must be made in full via check or credit card. There is a $10.00 surcharge for credit card payments*****

Paid Before February 1, 2027

Single: $195
Couple: $340
Family $460

Paid Before April 15, 2027

Single $230
Couple $370
Family $520

All New Members and Returning Members After April 15, 2027

Single $260
Couple $400
Family $560

*All Family memberships require payment of a $50 surcharge per person if more than five members.