

# Chamberlain Pines Swim & Tennis Club

84 Chamberlain St., Holliston, MA 01746

[www.chamberlainpines.com](http://www.chamberlainpines.com) (508)429-7014

## Full Membership Registration & Payment Form

Family Last name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Your First Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary E-mail to send confirmation to: \_\_\_\_\_

## Full Membership Type (Please check one)

- Full Family Membership                       Couples Full Membership  
 Individual (18 yrs. & Older) Full Membership       Senior (60 Yrs. & Older) Full Membership

## Full Family/Couples Membership List Print your Children's names and their birthdates:

Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

List Grand Parent: \_\_\_\_\_

Nanny\*/Babysitter\* \_\_\_\_\_

(\*must be 18 years or older to bring members to pool without member parent)

**Important Medical Information:** Keeping in mind that many activities engaged at Chamberlain Pines can be rigorous, do any members on your list have any medical issue that Chamberlain Pines Swim & Tennis Club Staff need to be made aware for their health while on the Chamberlain Pines premises? Please circle one: Yes No and Initial \_\_\_\_\_

If the answer above is Yes, please explain:

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## Chamberlain Pines Full Membership Registration & Payment Form Continued

### Photography Waiver:

Chamberlain Pines takes photos of activities during the season. Do you give Chamberlain Pines Swim & Tennis Club permission to publish photos in which anyone from your membership list is included?

Please circle one: Yes No and Initial \_\_\_\_\_

### Waiver:

Members and their guests agree that attendance at Chamberlain Pines Swim & Tennis Club shall be at their sole responsibility, and Chamberlain Pines shall not be liable for any claims, demands, injuries, damages, actions whatsoever arising out of attendance at Chamberlain Pines. I expressly release Chamberlain Pines from any responsibility from or out of the use Chamberlain Pines facility. A holder of membership shall abide by and fully comply with all rules and policies of the club. Chamberlain Pines reserves the right to revoke any membership if rules and policies are not followed. I hereby acknowledge that I have read the rules and policies of Chamberlain Pines Swim & Tennis Club and agree to abide by them.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

A full listing of club policies can be found on our website at [www.chamberlainpines.com](http://www.chamberlainpines.com)

### **Payment Method:**

Cash  Check # \_\_\_\_\_ (make checks payable to "Chamberlain Pines")

Amex  MC  Visa  Discover

CC# \_\_\_\_\_ Exp. \_\_\_\_\_ V-Code on back \_\_\_\_\_

\_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Signature for CC Customers

Memberships are non-refundable and non-transferrable.

Please fill in this form completely, sign, and mail with payment to:

Chamberlain Pines Swim & Tennis Club  
84 Chamberlain St.  
Holliston, MA 01746

Full payment, along with completed registration form, is required **before** utilizing the facilities.