

KINGS RIDGE SWIM CLUB MEMBERSHIP APPLICATION 2024

MEMBERSHIP INFO: www.krswim.org 703-323-1811 in season 315-383-3724 off season

Mailing address: Kings Ridge Swim Club, P.O. Box 1123, Fairfax, VA 22038

Last Name:	Email 1:	Member #
	Email 2:	
Address:		City:
Home Phone:	Cell Phone:	Zip:

Adults residing at above address:		
First Name:	Last Name:	Contact Number:

Children residing at above address:		
First Name:	Last Name:	Date of Birth:

Childcare provider: (in lieu of an adult listed above. Childcare provider must pay a guest fee if entering the pool with members)

First Name:	Last Name:	Date of Birth:	Contact number:

Special Needs or additional relevant information:

I certify that **all members listed above maintain their primary residence at the above address**. I also certify that I have been afforded an opportunity to review the pools operating rules and by-laws and have any questions or concerns discussed with a board member.

Signature: _____ Date: _____

2024 Membership (Check one): Family - \$525 Couple* - \$425 Individual - \$325

*A couple is defined as: two adults at the same residence, or a child and a parent/guardian at the same residence.

Extras: New membership – deduct \$25 from chosen level

Guest pass \$25 (\$30 value) Card Cash Check _____

Donation Amount \$ _____

***Credit card processing fees 2.6%-3.5%. Returned check fee \$50**