

## Cardinal Hill Recreation Club-Trial Membership Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please help us reduce expenses and improve spreading CHRC news and event information by providing your email address. This information will be used to conduct CHRC business only, i.e. it will not be sold to marketing services.

Yourself/Spouse/Children/Dependents Living in your Household:

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth
1.		5.		9.	
2.		6.		10.	
3.		7.		11.	
4.		8.		12.	

Grandchildren you will bring to the pool:

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth
1.		4.		7.	
2.		5.		8.	
3.		6.		9.	

### Trial Membership Rate

Single Adult/2 Adult Family/Family with dependent	\$275 for summer of 2017 (May 26-Sept 1, 2015)
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Note: This is a one time offer for new applicants only. All fees include tax.

### CHRC Medical Information

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Child	Allergies/Other	Date of Last Tetanus

In my absence, CHRC staff is authorized to obtain emergency medical care for my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail form and payment to: **Cardinal Hill Recreation Club**  
**PO Box 340101**  
**Beavercreek, OH 45434** (Make check payable to Cardinal Hill Recreation Club)