

WOODLANDS CABANA CLUB

111 Longleaf Dr.
Walnut Creek, CA 94598

2021 REGISTRATION FORM

Woodlands Cabana Club 2021 registration is open!

Please return your completed registration form, waiver and payment to Woodlands Cabana Club at the above address. An invoice will be issued via email once your application has been processed.

MEMBERSHIP FEES

Family Name: _____

	Rate	Total
Family Membership	\$650	
Senior Membership (62+ years old/2 adults per household maximum)	\$280	
Adult Membership (non senior 2 adult household and children under 2)	\$330	
Maintenance Levy (Payable by all Family/Adult members)	\$150	
Senior Maintenance Levy (Payable by all Senior members)	\$75	
New Member Initiation Fee (\$200 paid over two years) Year: 1 / 2	\$100	
Check Discount (Applicable to Check payments only)	(\$20)	
	Total Due:	

PAYMENT METHOD

- ☐ Check (made payable to 'Woodlands Cabana Club') - A \$20 fee will be charged for all returned checks
- ☐ Online (use the link on your invoice to pay online by credit card or bank deposit)
- ☐ Credit Card (enter your card details below and we will process your card payment for you)

CREDIT CARD DETAILS

Credit Card Number

Expiration Date

CVV

Name on Card

Cardholder billing information

Street Address

Zip Code

I hereby authorize Woodlands Cabana Club to charge my card in the amount listed above.

Signature: _____

Date: _____

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2021 MEMBER INFORMATION/WAIVER

This form must be completed in full prior to membership approval

MEMBERSHIP INFORMATION

Family Name: _____ Telephone (Home): _____
Address: _____ Telephone (Cell): _____
City: _____ Zipcode: _____
Email 1: _____ Email 2: _____

Do you wish to be listed in the Woodlands Cabana Club and Swim Team Directory? **YES / NO**

List names and dates of birth for all family members residing at above address:

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

EMERGENCY INFORMATION

Name of Doctor: _____ Telephone: _____
Name of Health Insurer: _____ Policy Number: _____
Emergency Contact: _____ Telephone: _____

INFORMED CONSENT AND WAIVER/RELEASE

In consideration of Woodlands Cabana Club's ("WCC") consent to the _____ Family ("Family") and its members, child(ren) and guests to participate in WCC swim lessons, Woodlands Swim Team, and/or to generally use the WCC pool and facility, including any social activities ("WCC Programs"), the undersigned parent(s) or guardian(s) of the above-named Family, on behalf of themselves, their children/family members and guests, acknowledge and understand the nature of the activities and the associated risks of participation in the WCC Programs and use of WCC pools and facilities. I/ we hereby release, hold harmless, and forever discharge WCC and its members, officers and employees from any and all injuries and damages to the Family, its members, child(ren) and guests and/or their property in connection with their participation in WCC Programs or use of the WCC pool, and facilities, or going to or coming from WCC.

The undersigned also agree to indemnify, defend, and hold harmless, WCC and its members, officers, and employees from all claims, expenses, costs, attorney's fees and losses arising from or connected with any injury or damage to person or property so long as such injury or damage arises from or is connected with acts or omissions of the Family, any of its members, and/or child(ren) and guests in connection with their participation in WCC Programs and/or their use of the WCC pool and facilities, excepting only such loss, damage, cost, expense, or liability that is caused by the sole negligence or willful misconduct of WCC and/or its members, officers, or employees.

Name: _____	Name: _____
Signature: _____ Date: _____	Signature: _____ Date: _____