

## MEMBERSHIP APPLICATION SUMMER 2025

**Instructions: Please download form, fill it out, and click the submit button when done.**

Member Name – Last: \_\_\_\_\_ First: \_\_\_\_\_

Spouse/Partner Name – Last: \_\_\_\_\_ First: \_\_\_\_\_  
(if applicable)

Name and age of children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Child 1 age Child 2 age Child 3 age  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Child 4 age Child 5 age Child 6 age

*A membership only includes parents or guardian and children 21 and under. All others must purchase their membership or pay guest fees.*

Member Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Membership Options: *(Please check one)*

Family (with children) membership \$400.00

**OR**

Couples membership \$325.00

**OR**

Single membership \$275.00

TOTAL ENCLOSED \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \$ \_\_\_\_\_ Paid online:

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**I hereby agree to abide by all the rules of the club.**

*(Members may begin swimming as soon as dues are paid. You will not be sent verification of payment. Sign in to swim if you have sent payment in the mail.)*

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to:  
Riverside Swimming Club, Inc.  
P.O. Box 82574  
Lafayette, LA 70598

Questions?  
Call: 337-534-8455