

SEEKONK SWIMMING AND TENNIS CLUB, INC.

P.O. Box 85, Seekonk, MA 02771

Phone: (508) 336-9128 Website: www.seekonkswimclub.com

Full-time Student Waiver for Membership Application

Student's Name: _____

Family Membership Name: _____

Phone: _____

Full time students, still living at home, under the age of 25 may be eligible to be included in their families membership if they meet all of the following criteria:

- Applicant is under the age of 25
Birthday _____
- Applicant's primary address is the same as his/her families
Address _____
- Applicant is a full-time student at a higher education institution
School Name _____
School Address _____
School Phone Number _____

You may be asked to show proof of age, address or full-time student status.

Applicant's Signature _____ Date _____