



2026 SUMMER SEASON APPLICATION

REGISTER TODAY! PLEASE PRINT CLEARLY:

(Payment Accepted: Cash, Check, Credit Card)

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

LIST BELOW ALL OTHER FAMILY INDIVIDUALS TO BE ON MEMBERSHIP

***MEMBERS MUST LIVE IN SAME HOUSE AND PROVIDE PROOF OF ADDRESS.
LIMITED TO 2 PEOPLE AGE 25+ ON ONE MEMBERSHIP WHO LIVE TOGETHER.***

NAME: _____ BIRTH DATE: _____

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NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

NAME: _____ BIRTH DATE: _____

If any additional children, please check and list on back. Yes _____ No _____

New Members: How did you hear about us? _____

Email Address: * _____ *

*Email address will be used for club updates and special events.

PLEASE VISIT OUR WEBSITE: www.indianhillsswimclub.com

Club Phone: 314 - 544 - 9177

Payment is due **March 1, 2026, for current members**. The number of memberships is limited; therefore, we cannot guarantee memberships for dues sent in after this date.

MEMBERSHIP TYPE	DUES
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10 DAY SINGLE (ONE PERSON) PASS.....	\$180
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SENIOR (ONE PERSON) Age 65+ by 5/23/26...	\$340
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ONE PERSON Age 13+ by 5/23/26	\$360
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FAMILY - TWO PERSON	\$500
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FAMILY - THREE PERSON	\$580
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FAMILY - FOUR PERSON	\$600
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FAMILY OF 5 OR MORE ADDITIONAL \$20/HOUSEHOLD MEMBER

CHILDREN – 2 years and younger by 5/23/26..... No Charge

BABYSITTER PASS (NOT TO BE USED AS A SINGLE MEMBERSHIP) \$160

(Extra **\$10 fee** will be applied when using a credit card.)

PLEASE MAKE CHECK PAYABLE TO: INDIAN HILLS SWIM CLUB

5360 Schuessler Ridge Ct.

St. Louis, MO 63128

Membership agreement: Upon signing this document, I acknowledge the following:

- Any and all membership fees will not be refunded after opening date, 5/23/26.
- Any actions taken by a minor are the responsibility of the adult signing party.
- All members listed above must currently live in the same house.
- Any falsification will require IMMEDIATE expulsion without a refund.
- * IHSC has a zero tolerance policy for disruptive behavior. Refund will not be provided.

I HAVE READ THE CLUB RULES AND AGREE TO THE TERMS AND CONDITIONS.

Signature: _____ Date: _____

(MEMBERSHIPS ARE NON-TRANSFERABLE AND ID IS REQUIRED.)