

RETURNING MEMBER?

YES
NO

Springfield Country Club Pool

400 W. Sproul Road, Springfield, PA 19064

610-544-6670 www.springfieldccpool.com

Email us your questions! pool@springfielddelco.org



Springfield Township Resident Membership Application

All persons listed on this application must be immediate family/individuals living at this address. For this application purpose a family is defined as all members/individuals of your household residing full time.

Family Name:		
Address:		
City:	State: PA	Zip Code:
Phone #:	Email:	

Names (please print)	Pricing	Totals
Single Membership	Age 18 to 64 - \$470	
Membership for 2	Age 3 to 64 - \$710	
Membership for 3	Age 3 to 64 - \$810	
Membership for 4	Age 3 to 64 - \$910	
Membership for 5	Age 3 to 64 - \$1010	
Membership for 6	Age 3 to 64 - \$1,110	
Senior Single Membership	Age 65 and up - \$360	
Senior Membership for 2	Age 65 and up - \$550	
Each Additional Person	Cost Difference	

Applications with missing information will not be processed	TOTAL \$	
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MEMBERSHIP NAMES

PAYMENT METHODS

- For Check Payments: Please make check payable to Springfield Township
- For Credit Card Payments: Please join online at springfieldccpool.com
- For Cash Payments: Cash will only be accepted at the Pool Office during office hours.

Back of Application must be signed by First Member



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2026

 New to the pool this year? Please see our FAQ section of springfieldccpool.com

General Pool Membership Information

 If membership is accepted, I (We) will abide by all rules and regulations of said SCC Pool. I further agree that the Township Board of Commissioners and Club Managers reserve the right to terminate my membership for acts of conduct which are disorderly, injurious or hostile to the objectives of the club, or for falsifying any information required by this application.

 Pool opens Saturday May 23, 2026 and is open Saturdays & Sundays (10:30am-8:00pm) until Friday, June 12, 2026 (opening at Noon). Closes Monday September 7, 2026.
For Pool Office hours please visit our website www.springfieldccpool.com

 No refunds will be issued after June 12th, 2026.

 For a list of dates of upcoming events, please visit our website www.springfieldccpool.com

 To stay up to date on pool news, follow us on Facebook (Springfield Township Pool at the Country Club)

 For information on joining the Swim Team email info@sccswimteam.org

 Printed applications should be mailed to SCC Pool 400 W. Sproul Road, Springfield, PA 19064 or dropped in the drop box at the pool office (available 24 hours a day).

 Visit our website for many frequently asked questions www.springfieldccpool.com

 All other SCC Pool rules and regulations are posted on our website www.springfieldccpool.com.

 Guest questions & fees? Please see our website under FAQ's www.springfieldccpool.com

 Pool Hours will be adjusted to accommodate the SSD School Calendar.

I (We) the undersigned understand and certify that our individual (family) is (are) a current resident of Springfield Township in accordance with procedures and rules established by the Springfield Country Club Pool. I (We) do further agree that the family (individual) will abide by any and all rules, regulations and policies established by Springfield Country Club Pool. I (We) and Guest do further hereby release, absolve, indemnify, and hold harmless the Springfield Country Club Pool and Springfield Township, its officers, coaches, commissioners, members, agents, supervisors, directors and/or employees, as individuals or as a group from any property damage, personal injury and or bodily injury which the named family (individual) may suffer and to which the named family (individual) may be entitled and which said claim may arise during or be directly or indirectly related to any or all Springfield Country Club Pool activities. Authorization of emergency treatment of a minor is as follows: 1. The undersigned is the parent/legal guardian of the minor(s) listed on application form. 2. This authorization is being provided for the use in the emergency treatment of a minor named on application when neither of the undersigned, nor relative/friend identified on the application can be reached to provide consent to treatment. 3. The undersigned authorizes emergency personnel permission to carry out any first aid treatment deemed necessary for the well being of the child. 4. The undersigned gives permission for the minor(s) listed on this application form to be taken to a hospital or physician for medical treatment in case of an emergency. The undersigned assumes transportation responsibilities, if the minor(s) listed on application needs to be transported to a hospital or emergency facility. Parent, legal guardian, or I the individual member have read this agreement in its entirety and fully understand its meaning and content. Individual member, parents or guardians must sign application before membership is accepted.

By signing below, I understand and agree to abide by all SCC Pool rules and regulations found on our website www.springfieldccpool.com.

First Member Signature: _____ Date: _____

