ANDERSON-DEAN PARK
AQUATIC MEMEBERSHIP
APPLICATION

2009

Type of Membership: Family_____$225 Single_____$150
Name of Applicant: _____
Home Phone: _____
Address: _____
_____
Work Phone: _____
Cell Phone: _____
Emergency Contact: _____

Please List All individuals to be included in Membership:

Name	Date of Birth
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____

Additional individuals living in household ($40 each)

1._____	_____
2._____	_____

By signing below, I confirm that all individuals listed above live in my household (**babysitter's will not be included**) and I accept full responsibility for all and will abide by all the Rules and Regulations of the Anderson-Dean Aquatic Facility. This season membership is issued to the individual(s) listed and may not be transferred. I also understand that any violation of pool policies may result in revocation of membership with no refund of any money paid. I also understand the possible hazards connected with pool usage, and waive, release, absolve, and agree to hold blameless the Anderson-Dean Aquatic Facility and its employees, organizers, sponsors, and supervisors for any claim arising out of injury to myself or other members listed above.

_____ _____
Signature Date

_____ _____
Amount Paid Received By

Rental No._____