

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:

<u>Name</u>	<u>Date of Birth</u>
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. _____

