



# Outdoor Pool Membership Form

## TYPE OF PASS

(Please Select One)

SEASON-Individual \_\_\_\_\_

SEASON-Family \_\_\_\_\_

Punch Card \_\_\_\_\_

*Please write legibly. Thank you.*

SPONSOR'S NAME and Rank \_\_\_\_\_  
Phone Number \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_  
DOB \_\_\_\_\_

**POLICY ACKNOWLEDGEMENT: Membership sales are final and cannot be transferred. All family members must live in the same household. Power of attorney must be in place for any family members that are visiting (i.e. grandparents, etc). 12 years and under must be accompanied by an adult 18 years or older. Pass cards will be given to all members listed above. Must comply with all pool rules and policies. No more names can be added to the list after payment is taken. Payment must be in full at time of purchase. Aquatics is not responsible for lost or stolen passes and will not replace them.**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### OFFICIAL USE ONLY!

Issue Date \_\_\_\_\_

EXPIRATION DATE: September 6<sup>th</sup>, 2021

TOTAL # OF PASSES ISSUED \_\_\_\_\_

Rec Aid's Initials \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_