



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!

WEEKENDS ONLY STARTING JULY 31st, 2022

Issue Date _____

EXPIRATION DATE: September 5th, 2022

TOTAL # OF PASSES ISSUED _____

Rec Aid's Initials _____

TOTAL AMOUNT DUE _____ Cash _____ Visa _____ MasterCard _____ Discover _____