

CRC Pool Membership 2009

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Emergency Contact Number/Person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

New member/ Returning Member (circle one)

| <u>Name of Members</u> | <u>Age</u> | <u>Amount</u> |
|------------------------|------------|---------------|
|------------------------|------------|---------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total # of members in household \_\_\_\_\_

Total amount due \_\_\_\_\_ (\* See sheet for dates and specials).

The Community Recreation Commission makes every effort to provide a safe swimming pool facility, however the users of this facility do so at their own risk. The undersigned hereby certifies that all information is correct and that falsification of this application may result in the termination of pool membership with no refund.

Babysitting names are non-transferrable. One sitter only on membership. Additional ones will need a new membership and or may pay the daily fee. Also, members MUST be immediate family in the same household (which includes significant other, if applicable, and children under the age of 18 unless in college).

Signature \_\_\_\_\_

**PLEASE MAIL SIGNED APPLICATIONS WITH PAYMENT TO:**

**CRC POOL  
P.O. BOX 90  
SOUTH CHARLESTON, OH 45368**

Office Use Only- Method of Payment check # \_\_\_\_\_

Cash \_\_\_\_\_

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

**\*\* This form may be copied**