

CRC Pool Membership 2010

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**