

# GRANTSBURG COMMUNITY POOL

## FAMILY MEMBERSHIP FORM

Family Name: \_\_\_\_\_ Adult Names: \_\_\_\_\_

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

Father's #: \_\_\_\_\_ work/cell      Mother's #: \_\_\_\_\_ work/cell

Emergency Contact (other than listed above): \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

**Definition of a family Membership is 2 adults and 4 children living at the same residence.** You may add additional children onto the membership for an additional fee of \$5 per child as long as they live at the same residence. A babysitter may be added for \$20, but must be at the pool for the purpose of watching the kids for the pass to apply. **Any child under the age of 10 must be under the supervision of an adult or babysitter age 14 or older.** I have read the above and understand the definition of Family Membership and the names I have listed qualify.

LAST NAME	FIRST NAME	RELATIONSHIP	GRADE IN FALL	D.O.B.	AGE
1					
2					
3					
4					
5					
6					
Addl Child \$5					
Addl Child \$5					
Addl Child \$5					
Babysitter \$0					

### Authorization to participate and for Emergency Medical Treatment

I hereby register myself/my child and family to participate in activities/class and to swim at the pool. In granting permission, I recognize that such activity may be hazardous and injury or accident may occur as a result of direct or indirect participation. Therefore, I agree to release the Village of Grantsburg, Community Pool, its employees, agents and volunteer aids from liability as a result of accidents incurred while participating in the activity/class. I also understand that violation of Grantsburg Community Pool Rules and/or the instruction of the pool staff rules may result in termination of this membership at any time without reimbursement.

Signature \_\_\_\_\_ Relationship: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

From time to time we will take pictures of activities occurring at the pool. May we post these pictures to our Facebook page or use for advertising?  Yes  No

### OFFICE USE ONLY

CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_  
 DATE \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_