



## Pool Membership Form 2022

Please make sure to write legibly so that we can enter information into our system properly.

### Member Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Head of Household:  Yes  No (This member is included on email notifications for other family members)

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender:  Male  Female  Rather not specify

### Address:

Address (1): \_\_\_\_\_

Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Email Information:

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

Alt. Email Address: \_\_\_\_\_

Opt-In for Bulk Emails (if you have more than one email):  Yes  No

### Phone Numbers and Mobile Notifications:

Primary Phone (Landline): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Would you like Text Alerts:  Yes  No

If yes, who is your mobile carrier: \_\_\_\_\_

### Emergency Contact:

Name #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are YOU a resident of the City with Proof of Residency? \*Only those who live or work in the city limits are considered residents\* (Marysville mailing address does not always equate residency)**

Yes, I am a resident  No, I am not City Use Only – Shown proof of residency \_\_\_\_\_ (IN)



**Family Members (children under 4 and under to not need a pass):**

| Name | Relationship | Date of Birth |
|------|--------------|---------------|
|      |              |               |
|      |              |               |
|      |              |               |
|      |              |               |
|      |              |               |
|      |              |               |

**Please circle below the type of membership that you will need:**

| Pass Type                           | Resident | 15% Discount | Non-Resident | 15% Discount | Active Military Resident | 15% Discount |
|-------------------------------------|----------|--------------|--------------|--------------|--------------------------|--------------|
| Individual                          | \$100    | \$85         | \$150        | \$127.50     | \$90                     | \$76.50      |
| Family of 2                         | \$140    | \$119        | \$180        | \$153        | \$120                    | \$102        |
| Each family member age 5+           | \$20     | \$17         | \$20         | \$17         | \$20                     | \$17         |
| Senior (65+) or Child Care Provider | \$70     | \$59.50      | \$90         | \$76.50      | N/A                      | N/A          |
| Senior Family of 2 (65+)            | \$90     | \$76.50      | \$115        | \$97.75      | N/A                      | N/A          |

Please continue to the Release of Claims Waiver on the next page.

**City Use Only:**

|                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Number of additional members:</b> _____</p> <p><b>City Use Only – Payment Amount:</b> \$_____ (please verify with member their price when checking out)</p> <p><b>Payment Method:</b> ____ Cash ____ Check ____ Card (we will shred information once processed)</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



### **Release of Claims**

I acknowledge that I/we have read, understand, and agree to follow the **Admission Regulations and Rules of the City of Marysville**, and furthermore, as a participant in this and any program of the City of Marysville Parks and Recreation Division, I/we recognize and acknowledge that there are certain risks and I agree to assume all such risks that result in physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the City of Marysville Parks and Recreation Division accepting me or my child's registration, and with the intent to legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Marysville Parks and Recreation division. Furthermore, I promise not to sue the City of Marysville and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions, or causes of action resulting from physical injuries, including death, loss of service or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Marysville Parks and Recreation Division. By signing below, I verify and certify that all above is true and accurate.

All requests for refunds shall be reviewed by the City Manager or his designee, and any refund shall only be given for just cause.

I have read the above statements and agree to all terms and conditions.

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

**Signature:** \_\_\_\_\_