

BRITT FAMILY AQUATIC CENTER MEMBERSHIP REGISTRATION FORM

Primary Name for Contact Information _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

E-Mail Address _____

Emergency Contact Name _____

Phone Number _____

MEMBERSHIP OPTIONS:

Early Bird:

Family Pass \$120.00

Individual Pass \$75.00

After April 30, 2024

Family Pass \$130.00

Individual Pass \$85.00

Punch Pass \$35.00 for 10 punches

Daily Admission \$4.00 per person per day

Non-Swimmers \$2.00 per person per day

Membership Definitions

Family: A family is considered no more than 2 adults, romantically involved, residing in the same household and all dependents living in that household, provided that the dependents are under 23 years of age and a full-time student. Foster parents and/or legal guardians caring for children in place of their parents will be considered parents for the purposes of this membership.

Individual: Head of household. No additional members may be added.

Member Information

Primary Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

Additional Member _____

Date of Birth _____ Relationship _____

I agree that the information given above is correct to the best of my knowledge: I agree that all people listed meet the set criteria to qualify for the family pass. I agree that I and or my family will abide by the rules of the Britt Family Aquatic Center. I understand that anyone may be removed or expelled from the facility at the discretion of the Aquatic Center Staff. I release any and all claims of liability that may arise regarding myself and or my family while using the Britt Family Aquatic Center.

Signature _____ **Date** _____