

# 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, 2022

Family Pass \$130.00

Individual Pass \$85.00

Punch Pass \$25.00 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

**NAME OF HOUSEHOLD MEMBERS**

**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** \_\_\_\_\_