

GRANTSBURG COMMUNITY POOL

SINGLE MEMBERSHIP FORM

Member Last Name: _____ First Name: _____

Date of Birth: _____ Grade this Fall: _____ Age: _____

Mailing Address: _____

Father's Name: _____ Mother's Name: _____

Father's #: _____ work/cell Mother's #: _____ work/cell

Home #: _____ Landline/Cell _____

Emergency Contact (other than listed above): _____

Phone Number _____ Relationship: _____

All Swimmers UNDER 10 years of age must be under adult supervision or a babysitter age 14 or older at all times!

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

Authorization to participate and for Emergency Medical Treatment

I hereby register _____ 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: _____

OFFICE USE ONLY

CASH _____ CHECK# _____ AMOUNT PAID _____ MEMBERSHIP # _____

DATE _____ EMPLOYEE NAME _____