



# MEMBERSHIP FORM

Membership forms accompanied by payment are accepted during business hours 8:00 a.m. – 5:00 p.m. Monday through Friday at the Glidden City Office.

Primary Holder's Name \_\_\_\_\_ ref# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_  
 Additional Comments / Medical Information \_\_\_\_\_

**Definition of Family:** One or two adults and dependent children under the age of 18 living in the same household and related to one or both the household adults as offspring and by marriage, adoption, foster care placement, legal guardianship. *A full-time college student age 23 or younger may be considered part of the family and may be considered on the membership. A child will not be considered on the family membership if the child is 18, out of high school, and not attending college.*

First Name	Last Name	Gender	Month/Day/Year	Circle Age (supervision)	ref#
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
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_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____
_____	_____	M F	DOB _____	0-2 3-9 10-17 18+	_____

Total Family Members \_\_\_\_\_

**Highlighted groups must always be supervised at the facility by a parent or supervisor 16 years of age or older.**

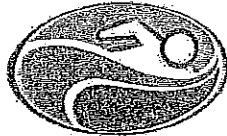
I hereby agree to indemnify and hold harmless the Glidden Parks & Recreation Department and City, its agents, commissioners, officers, volunteers and employees of, from any and all liability for personal injuries or damages I may hereafter sustain while engaging in swimming activities at the Glidden Aquatic Center. I also give my permission for any photos/videos of these activities taken during the facility open hours to be used for future departmental promotional materials. The individuals mentioned on this form have my permission to engage in swimming activities at the Glidden Aquatic Center.

I understand the above names registered are my immediate family members and reside in my household. Babysitters & grandparents may not be included and need to purchase their own household membership.

I understand that refunds are not given on season memberships for any reason; including weather conditions, ability to use the facility, or conflict with facility guidelines. I accept the terms and conditions of this sale.

Signature of Primary Membership Holder or Parent/Guardian if Minor \_\_\_\_\_ Date \_\_\_\_\_

Payment Type _____	<b>Easy Pay Plan \$35</b>
Date received _____	February paid date _____
Received by _____	March paid date _____
Early discount _____	April paid date _____
Early utility discount _____	May paid date _____
Amount received _____	



Family Membership \$150.00 (taxes included)  
 Single Membership \$ 90.00 (taxes included)  
 Caregiver addon \$ 25.00 (only accompanied w/family)  
 Expires end of one season

Ref # \_\_\_\_\_