



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 for family membership if the child is 18, out of high school, and not attending college.*

First Name	Last Name	Age (supervision)	ref#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 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 to be 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 _____
Date received _____
Received by _____
Early discount _____
Early utility discount _____
Amount received _____

Easy Pay Plan \$35
 February paid date _____
 March paid date _____
 April paid date _____
 May paid date _____



- Family Membership \$150.00 (taxes included)
- Single Membership \$ 90.00 (taxes included)
- Caregiver addon \$ 25.00 (only accompanied w/family)
- Reciprocal Card \$ 25.00 (taxes included) 2 visits to the other listed pools
(Carroll, Coon Rapids, Manning, Breda)

Expires end of one season Ref # _____