



AQUA CITY SWIM CLUB

Application # _____

Membership Fee \$ _____

Amount Paid \$ _____ Date _____

Balance Due \$ _____ to be paid by August 1st.

S.S.# _____

1000 Pebble Creek Dr.
Highway 60 East
Henderson, Kentucky 42420
Concession Stand 827-5064
Office 831-1085

CLUB OPENING _____ 20 _____

APPLICATION FORM

I hereby make application for an immediate family or single membership to the Aqua City Swim Club for the 20____ season, receiving all privileges of club members.

Member Name: _____ Phone _____

Address _____ No. in Family _____

CLUB INFORMATION FOR I.D. CARDS

	NAME	M/F	AGE	EYES	HAIR	CARD #
1. Father	_____	_____	_____	_____	_____	_____
2. Mother	_____	_____	_____	_____	_____	_____
3. Child	_____	_____	_____	_____	_____	_____
4. Child	_____	_____	_____	_____	_____	_____
5. Child	_____	_____	_____	_____	_____	_____
6. Child	_____	_____	_____	_____	_____	_____
7. Child	_____	_____	_____	_____	_____	_____
8. Child	_____	_____	_____	_____	_____	_____
9. Babysitter	_____	_____	_____	_____	_____	_____

CONDITIONS OF MEMBERSHIP

- Membership cards will be issued to all members and are to be used by members only. Loaning of this card to a non-member may result in loss of membership and initiation certificate.
- Members must sign in upon entering the pool.
- Members are allowed to bring guests. Guest fees will be \$ _____ for ages 6 years and above and \$ _____ for walking toddlers to age 5 years.
- Swim attire only; no cutoffs, please.
- CLUB OPENING _____
- Please keep the back copy of this application for your receipt and record.
- Anyone caught defacing or damaging club property or using rough or dangerous actions will result in loss of membership. – Memberships are limited.

In consideration of being permitted to join Aqua City Swim Club and to use its facilities, the undersigned, ("Releasors"), for themselves, legal representatives, heirs and assigns, hereby release, waive and discharge Aqua City Swim Club, its shareholders, directors, officers and employees, ("Releasees"), from all liability to the Releasors for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Releasors' person or property even injury resulting in death of any Releasor, occurring at the facility for which this application is made, whether caused by the negligence of Releasees or otherwise.

Releasors agree to indemnify the Releasees from any loss, liability, damage or cost they may incur due to injury of Releasors' minor children, or other persons in their household, or their guests, at the facility, arising out of their use of Releasee's Aqua City Swim Club facility as authorized by this application.

I understand all of the above conditions of the club membership.

Signature _____ Date _____

Make check payable to: AQUA CITY Swim Club, Inc.
1000 Pebble Creek Drive., Henderson, KY 42420
Your membership card may be picked up on your first visit.
THANKS FOR YOUR PARTICIPATION
www.aquacityswimclub.com