



2016 Family/Individual Membership Registration Form

Please Circle: Family Membership Individual Membership

Cards from previous year? Yes No

Family Parent's Names: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Individual Name: _____ Address: _____

City: _____ ZIP: _____ Phone: _____

E-Mail: _____

Emergency Contact Name: _____

Phone: _____ Cell: _____

Additional Comments/Medical Information: _____

Family Pass Eligibility: "Family" is defined as **immediate** family members which includes (2) parents and children residing at the same address—this would include full-time college students, children of divorced parents who have joint custody, stepchildren and foster children. **It does not include:** Grandparents, babysitters, nannies, ex-spouses or visiting relatives. Ages 3 and under **DO NOT** need to be on the registration list.

*Each pass holder will receive a membership card (required); must show card to enter facility or you will be charged daily admission fee. **NO EXCEPTIONS!** Each card will have a picture ID linked to card for acknowledgement of each individual.

* If lost, there will be a \$5.00 replacement charge.

Family/Individual Membership Fees: All family memberships are based on 4 family members. Any family that has above 4 members will be charged \$40.00 each additional person.

<p>\$180.00 Kasson Resident Family _____</p> <p>\$80.00 Kasson Resident Individual _____</p>	<p>\$200.00 Non-Resident Family _____</p> <p>\$90.00 Non-Resident Individual _____</p>
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	FAMILY MEMBERS	D.O.B	M/F		FAMILY MEMBERS	D.O.B	M/F
1.	_____	_____	_____	5.	_____	_____	_____
2.	_____	_____	_____	6.	_____	_____	_____
3.	_____	_____	_____	7.	_____	_____	_____
4.	_____	_____	_____	8.	_____	_____	_____

Total Payment : _____ Make Checks Payable to: **City of Kasson** No credit or debt cards are accepted!

I hereby agree to indemnify and hold harmless the City of Kasson, its agents, board members, officers, volunteers and employees from any and all liability for personal injuries or damages I or my family members sustain while participating in Aquatic Center activities whether such personal injuries or damages are caused by the negligence of individual(s) listed on this form. I understand that there are inherent risks in participating in these activities. I also give my permission for any photos taken during the facility open hours and for the membership registration cards. The individuals mentioned on this form, have my express permission to engage in swimming activities at the Kasson Aquatic Center.

Signature of Individual/Parent: _____ **Date:** _____