



2016 Adult Early Morning/Evening Lap Swim Membership Registration Form

Name: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Emergency Contact Name: _____

Phone: _____ Cell: _____

Additional Comments/Medical Information: _____

Adult Early Morning/Evening Lap Swim Fee: \$40.00 Membership/Person

Participants who purchase an adult lap swim membership will be assigned a registered admission number once we receive this registration. You will be required to give that number to the desk attendant at the Aquatic Center when entering the facility. Each member will have a picture ID linked to that number for acknowledgement of that individual. The Aquatic Center requires this for keeping track of daily attendance records, amount of passes sold, etc. Each registered individual will have a photo taken and will receive a pass number on the first visit to the Aquatic Center. Daily fee participants will not be required a number or photo.

This program is for those who like to get up early and start their day with sun and swim lap exercise or end their day with a cool relaxing swim. Please come and enjoy our Aquatic Centers lap/swim pool area. No one under the age of 16 is allowed to participate in this program.

Program Dates: June 8th – August 26th
Area of Aquatic Center: Lap/Swim Area Only

Program Times: 7:00 am – 8:15 am Monday – Friday
8:00 pm – 8:45 pm Monday & Wednesday

Make check payable to: **City of Kasson NO REFUNDS!**

Please read this form carefully and be aware that in registering for participation in this program, you will be waiving and releasing all claims for injuries yourself or others might sustain arising out of this program. I recognize and acknowledge that there are certain risks of physical injury to myself and agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I may sustain as a result of participating in this program. I fully release and discharge the City of Kasson and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by myself, and arising out, connected with, or in any way associated with activities of any of the programs at Kasson Aquatic Center.

Signature of Participant: _____ **Date:** _____