

# 2019 Alburtis Pool EARLY BIRD Membership

**\*\* Regular Season Rates begin on June 1st**

Make checks payable to: **AACC**  
**P.O BOX 381**  
**ALBURTIS, PA 28011**

- \_\_\_\_\_ Family/1-2 Adults~\$220
- \_\_\_\_\_ 1 Adult + 1 Child ~ \$180
- \_\_\_\_\_ 2 Adults ~ \$180
- \_\_\_\_\_ Individual ~ \$135
- \_\_\_\_\_ Senior Citizen ~ \$85

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ \$ \_\_\_\_\_

\*For family rates, children and or step children must reside with the Adults listed. May require proof of residency.  
Additional family members require separate membership.

NAME \_\_\_\_\_

SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMAIL(**PRINT VERY CLEARLY**) \_\_\_\_\_

**List Child/Children's Full Name:**

NAME (First/Last)	M/F	AGE	DOB(M/D/Y)	ALLERGIES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact Info \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital Choice \_\_\_\_\_

# AACC

Alburtis Area Community Center  
A Non-Profit, Volunteer-Run Organization  
220 W. Second Street, PO BOX 381, Alburtis, PA 18011  
610-966-2954  
www.aacsonline.org

## 2019 PARTICIPATION AGREEMENT

I, \_\_\_\_\_, consent to participate in the activity of my choice.  
(Please Print Participant's Name)

Because I realize there is a possibility of physical injury to such participants, I agree that upon acceptance by the Alburtis Area Community Center (herein referred to as the AACC) of the named applicant as a participant, the following terms and conditions effective immediately:

1. All injuries resulting from participation in the chosen activity shall be reported to the AACC in writing relieve the AACC of all responsibility under the terms hereof unless the AACC had actual knowledge of injury prior to the expiration of said period of time.
2. AACC shall only provide and pay for immediate, emergency medical hospital services required by the participant as a result of injuries received during the chosen activity limited to a total amount of twenty-five dollars (\$25.00) for each occurrence: AACC shall not be responsible for, provide or pay for any medical and/or hospital services which may be required thereafter. In no event shall the AACC be responsible for medical and/or hospital services which are payable under any insurance policy or policies covering said participant.
3. The undersigned agree(s) not to sue, nor to authorize or permit any other party to sue, except to enforce the provisions of paragraph 2 hereof, in their agents, and coaches, or any of them to recover damages of any nature whatsoever on account of any injury to said participant incurred while participating in the chosen activity, and in the event of a breach of this condition to reimburse the AACC, its servants, agents, and/or members for all costs and expenses, including reasonable counsel fees, incurred by any of them investigating and defending such a suit.
4. The undersigned shall reimburse the AACC, its servants, agents, and/or members, or any of them, for all sums recovered from any of them by the undersigned, any party other than the undersigned, or any of them, as damages by reason of any injury to said participant received while the latter is participating in chosen activity.
5. These conditions shall apply jointly and severally to the undersigned and shall be severable.
6. The undersigned, and each of them, state that they intend to be legally bound by the foregoing conditions.
7. Furthermore, I am accepting responsibility for the equipment entrusted to me, and I will see to it that all items are returned to the officers at the end of the activity, clean and in good repair.
8. The members and their family members and guests and invitees agree to hold the AACC and their members and employees, coaches, volunteers, contractors harmless from any damages, injuries, causes of action, torts, liabilities and any and all causes of action arising from the AACC or their members or employees or contractors, coaches, or staff for any and all reasons.

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\_\_\_\_\_  
Signature of Participant (if under 18, signature of parent/guardian)

\_\_\_\_\_  
Today's Date

Address: \_\_\_\_\_  
Street City State Zip code