

2017

CITY OF WESSINGTON SPRINGS

OFFICE USE:

Amount paid \$ _____ Date: _____

SWIMMING POOL

SEASON MEMBERSHIP APPLICATION

Type of Membership desired:

_____ Single \$30.00 _____ Family \$50.00

Family Pass allows 2 adults, age 18 or over plus their children 18 & under

Adult Name _____ / Cell # _____

Address: _____

Adult Name: _____ Cell # _____

Address: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

All family members must reside in the same address. All Children under the age of 3 Must wear approved swim diaper.

Please make us aware of any medical problems, allergies, etc., that you or other members listed above may have.

Name: _____ Note: _____

EMERGENCY CONTACT: Someone other than person listed above.

Name: _____ Phone # _____

Relationship: _____ Alternate Phone _____

I hereby apply for a season membership to the the Wessington Springs Pool for the current season. I agree that the season membership passes are not transferable and are non-refundable. I understand the pool rules and acknowledge that membership privileges may be suspended or revoked for violations of rules and regulations, or for falsification on this application.

Adult Signature

Date

