

WEST CORONADO COMMUNITY RECREATION ASSOCIATION

BEL MAR POOL

P. O. BOX 920681, EL PASO, TEXAS 79902

915-585-0568

WWW.BELMARPOOL.COM

2019 MEMBERSHIP APPLICATION

Renewal: _____ New Membership: _____ Referred by: _____

FAMILY NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY/STATE/ZIP: _____ EMAIL: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

A "family" consists of the head of the household (and spouse, if applicable) and unmarried children under the age of 21 who reside in the same house. Any exceptions (family members other than children) listed must be approved by two board members prior to approval of this membership application.

Please list any medical conditions the pool staff may need to aware of in the event of emergency on the back of this application.

<u>NAMES OF FAMILY MEMBERS:</u>	<u>AGE:</u>	<u>RELATION:</u>	<u>SWIMS (YES/NO)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Full Season 2019 Membership - \$325
Optional: Guest Pass book of 10 passes \$25
Discounts Available: **Choose One Only:**

Early Bird Discount of \$30 if received by April 30;
--OR-- Military Discount of 10% if received by June 30

I understand that before I and /or any of my family members receive our membership, I must sign both The Membership Agreement and the Release and Indemnity Agreement on the reverse side of this application. SEE REVERSE SIDE FOR SIGNATURES

MEMBERSHIP AGREEMENT:

Association member agrees that transfer of identification to non-members (names not on the above list) will result in the loss of all swimming and membership privileges for the remainder of the season. No refunds are given. Signature below indicates that you have received a copy of, read and agree to follow all rules of the Association.

Signature

Date

RELEASE AND INDEMNITY AGREEMENT:

I, for myself and spouse, my children, heirs, personal representatives, successors, and assigns, agree to release, waive, indemnify and defend WCCRA and its board members, officers, and employees, and their respective heirs, personal representatives, successors, and assigns, from and against any and all claims, causes of action, damages, injuries, liabilities, losses, suits, expenses (including costs and reasonable attorney's fees), or harm of any kind, whether existing now or in the future, whether or not foreseeable, of or brought by my spouse, any of my children, any members of my family, or any guests of any of them, arising in whole or part, directly or indirectly, out of any use of or presence at WCCRA equipment or facilities or any alleged acts or omissions, whether negligently or otherwise occurring, of any such indemnified and released parties.

Signature

Date

PLEASE LIST ANY MEDICAL CONDITIONS THAT POOL STAFF NEEDS TO BE AWARE OF IN CASE OF EMERGENCY:

PLEASE INDICATE HOW YOUR MEMEBERSHIP WAS PAID:

CASH _____

CHECK # _____

PAYPAL CONFIRMATION NUMBER: _____

TO BE FILLED BY ASSOCIATION ONLY:

PAYMENT RECEIVED:

DATE: _____ AMOUNT: _____ RECEIVED BY: _____

DISCOUNTS APPLIED: (CIRCLE ONE) MILITARY (ID VERIFIED) OR EARLY-BIRD