Pataskala Recreation Association presents the…..

2018 Pataskala Pool Membership Form

Membership Information-List all Information Below. Age as of June 1st MUST be included.
To be included on the Family Membership, individuals must meet the following criteria: Be an Immediate Family Member, Reside with the Head of Household, Be 17 or Younger OR be Enrolled in full time college. Seniors (ages 65 +) residing in a household with others must purchase an individual Senior Membership. If purchasing a Provider Add on, do not list the name below-please complete a separate form. Provider must be 16 years of age or older and accompany a member of the family membership. Questions? prapool@yahoo.com.

TYPE OF MEMBERSHIP PURCHASING:

☐ FAMILY: $150.00 ☐ Youth (12 and Under) $60.00 ☐ Single $90.00

☐ Senior Single/Couple (25% off) ☐ Police/Fire/Veteran Single or Family 25% off ☐ Provider Pass $25.00
*must present valid identification to receive discount

Name:_____Address:_____
Email: _____City: _____ State: _____ Zip: _____
Contact Phone: _____ H C Spouse: _____
Names of Children: 1)_____Age: _____
2)_____Age: _____
3) _____Age: _____
4) _____Age: _____
5) _____Age: _____

Liability Waiver, Medical and Photography Release, Affirmation of Accuracy

For and in consideration of the opportunity to participate in the above described Pataskala Recreation Association Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the Pataskala Recreation Association, City of Pataskala, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related rules, policies, and guidelines available for review on the PRA website, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT **FEES PAID FOR POOL MEMBERSHIP ARE NONREFUNDABLE , MEMBERSHIPS ARE NONTRANSFERABLE, AND THAT FALSE INFORMATION DELIBERATELY FURNISHED ON THIS FORM WILL RESULT IN CANCELLATION OF THE MEMBERSHIP.**

_____ _____
Participant Signature (Parent/Guardian if participant(s) are under 18) Date

PAYMENT INFORMATION: ___Cash ___ Check No. ____ Made out to PRA (Pool) Total: $_____

_____Credit Card MC/Visa/Discover/Paypal Name of Cardholder _____
Account Number: _____ Expiration Date: _____ Code: _____

Signature to Submit Payment for PRA Pool: _____ Date: _____

You may mail in your registration and payment to : Pataskala Recreation Association PO Box 93 Pataskala, Ohio 43062

FOR OFFICE USE ONLY: Date Received: _____ Amount: $_____ Pass#:_____