

2017 Pataskala Pool Membership Form

Member 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
- * If between 18 and 23, be enrolled full time in college
- Senior citizens (ages 65+) residing in a household with others must purchase individual Senior Memberships.
- If purchasing a **Provider Add-on Membership**, do not list name below; fill in provider information on a separate form. Limit 2 per family membership. Provider must be 16 years of age or older and accompany the member.

TYPE OF MEMBERSHIP PURCHASING:

- FAMILY: \$140.00
 Youth (12 and Under) \$50.00
 Single \$80.00
 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#: _____