

BOONVILLE PARKS & RECREATION DEPARTMENT LIONS PARK AQUATIC CENTER

2019 Boonville Resident Membership Application

LAST NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT INFORMATION (List 2)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

MEMBER LISTING: (List up to 5 members, list additional family members on back)

MEMBER NAMES	BIRTHDATE	M/F	AGE

POOL HOURS: Monday-Sunday 1:00-8:00 p.m. (Opening Day May 25th)

	ADULTS 12 & UP	CHILDREN 3-11	2 & UNDER
DAY PASS	\$4.50	\$3.50	FREE
TWILIGHT PASS <small>(After 5 p.m.)</small>	\$3.50	\$2.50	FREE
PUNCH CARDS <small>(10 Swims)</small>	\$40.00	\$30.00	None
SEASON PASS	Family(Up to 5) \$200.00	Additional Family \$20.00	Individual \$125.00
DAY CARE PASS	Large (11+) \$260.00	Medium (6-10) \$235.00	Small (1-5) \$210.00

POOL PARTIES	
Whole Pool \$300.00	Shade Structure \$50 + paid admission
SWIM LESSONS	
\$25.00 - (8) one hour lessons Monday-Thursday Morning Session: 11:00-Noon Evening Session: 6:00-7:00 p.m. June 17th - June 28th or July 22nd - August 2nd Maximum 10 participants 1 instructor for every 5 participants	

Waiver and Release of all Claims and Assumption of Risk —

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my member(s) or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my member(s) may have as a result of participation in this program/activity against the Boonville Lions Park Aquatic Center and the City of Boonville, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Boonville Lions Park Aquatic Center and the City of Boonville from any and all claims for injuries, damages, or loss that my member(s) or I may have or which may accrue to me or my member(s) and arising out of, connected with, or in any way associated with this program/activity.

I understand that memberships may only be used by individuals to whom they are issued and misuse is cause for confiscation of the membership. I have read and understand the membership waiver above.

SIGNATURE: _____ **DATE:** _____