

City of York Parks & Recreation

Family Aquatic Center Membership Form



	Name	Gender	Date of Birth	Phone Number	Address	Email	Key Tag Number
Primary							
Primary							
+1							
Child							
Child							
Child							
Child							
Child							
Emergency Contact							

Membership Type: Day: Youth/Senior: ____ Adult: ____
Coupon Book: Youth/Senior: ____ Adult: ____
Non-Swimmer: Youth/Senior: ____ Adult: ____
Season: Youth/Senior: ____ Adult: ____ Family: ____ Family +1: ____
Joint: Youth/Senior: ____ Adult: ____ Family: ____

Office Use Only

Membership Form: Date Received: _____ Date Entered: _____
Membership Fee: Date Accepted: _____ Amount: _____ Payment Type: _____
Key Tag(s): Date Given: _____ Amount: _____

City of York Parks & Recreation Family Aquatic Center Membership Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of the City of York Parks and Recreation Department and to use its facilities, equipment, and machinery in addition to the payment of any fee or change, I do hereby waive, release and forever discharge the City of York and its employees, officers, representatives, executors and its agents from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or arising out of my participation in any activities at said facility.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participating in any of the activities and programs of the City of York Parks and Recreation Department, or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Member Signature: _____ Date: _____

YPR Representative Signature: _____ Date: _____