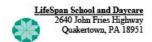






## **BOROUGH of QUAKERTOWN Quakertown Community Pool Early Membership Registration - 2015** The last day for EARLY REGISTRATION is May 15, 2015 Head of Household (person completing this form): Home Phone: Cell Phone: New Membership: □ Yes $\square$ No Date: Address: City: Zip: State: Email: Borough Resident: □ Yes RESIDENT NON-RESIDENT 2015 Pool Fees 2015 Pool Fees **Early Registration** Membership Type Membership Type **Early Registration** Family - Resident Family – Non-Resident $\Box$ \$180.00 \$265.00 Adult - Resident Adult - Non-Resident \$ 75.00 \$100.00 П П Child (under 18) or Senior (over 62) (R) Child (under 18) or Senior (over 62) (NR) \$ 70.00 \$ 85.00 Twilight Twilight \$ 75.00 \$ 75.00 Membership \* Please include HEAD OF HOUSEHOLD (PERSON COMPLETING FORM) if they are eligible and included in this membership.\* Relationship Date of **Member Type** First Name **Last Name** Age (mother, father, sister, etc) Birth Adult #1: Adult #2: Dependent #1: Dependent #2: Dependent #3: Dependent #4: **Important Information Regarding Your Pool Registration** Proof of residence must be shown before memberships are issued. Proof of full time student status must be included for college students. Proof of age must accompany all registrations for children 18 years of age or younger who did not previously have a season pass. To receive resident rates you MUST pay your electric utility bill to the Borough of Quakertown. Other utility companies in the outlying townships are considered non-resident. A copy of a recent utility bill must accompany all registrations, including renewals. A Release of Liability Waiver must be signed to obtain pool membership. Make your check payable to Quakertown Borough. A family membership includes 2 adults and all dependent children 18 years of age or younger living in the same residence. \*Children 2 years of age and younger do NOT require a pool pass for entry.\* Only **ONE** membership registration is permitted per registration form. Keytags can be picked up at Quakertown Community Pool. Keytags are reused each year. SAVE YOUR KEYTAGS! YOU WILL BE CHARGED \$5.00 FOR ANY REPLACEMENT KEYTAGS. REFUND POLICY: Refunds will only be issued for a valid reason within 2 weeks of the date the registration form is processed.

Verification: Completion by Borough of Quakertown Employees ONLY			
Proof of Residency:	☐ Utility Bill	□Drivers License	□Other
Payment Method:	□Cash	□Check#	☐ Credit Card
Authorization:			Date:



Print Full Name

Print Full Name

## 2015 RELEASE OF LIABILITY WAIVER (Required for all pool memberships & to be included with registration)

I certify that I, the undersigned, am in good health and am able to participate in this program. I also, as the parent or legal guardian of the participant listed, certify that the participant is in good health and is able to participate in this program.

I understand that no health and/or accident insurance(s) are provided for participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

Whereas, I the undersigned, do desire and intend to participate in this program, and whereas, I, the undersigned, do desire and intend for my child to participate in this program,

Now, therefore, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I do hereby, for myself, my heirs, executors, administrators, and assigns, forever remise, release and discharge the Borough of Quakertown their successors and assigns, directors, officers, members, agents, and other representatives, and their heirs, executors, administrators, and assigns from any and all of manner of action, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever which I or my legal representative may have or may acquire against the Borough of Quakertown or their directors, officers, members, agents, and other representatives, by reason of any loss resulting from personal injury or damage to personal property belonging to me other than caused by our negligence, which may occur during or by reason of my participation in said program.

I agree that the Borough of Quakertown shall have the right at their discretion to enforce established rules of conduct and/or terminate my participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the groups and its program as a whole.

I hereby grant the Borough of Quakertown and any of their directors, officers, members, agents, and other representatives full authority to take whatever action they consider to be warranted regarding my health and safety, and

Date of Birth

Date of Birth