



Hartland's Caroselli Aquatic Center Membership Application

10635 Dunham Road, Hartland, MI 48353 - www.hartlandschools.us - phone: 810-626-2279

Date membership purchased _____ Date membership expires _____
 Last name _____ First name _____ MI _____
 Address _____ City _____ zip code _____
 Home phone _____ Cell phone _____ E-mail _____

first name	last name	age (child)	M/F	first name	last name	age (child)	M/F

All boxes must be checked before membership is in effect:

- _____ I understand that membership entitles members to use of the pool facilities during scheduled hours, except for classes with an instructor. A couple or family is defined as those who live in the same household.
- _____ I understand there is no refund or suspension of membership.
- _____ I understand the pool schedule varies seasonally, may change quarterly, and the summer schedule is very different than during the school year.
- _____ I brought all included in the membership to the pool for a digital photo during regular office hours or have provided a single photo of all included in membership in jpeg format and e-mailed to vallearnmont@hartlandschools.us. I understand that anyone not included in photo is not included in membership.
- _____ Everyone over age 18 included in the membership has shown, or provided a copy, of their drivers' license showing the same address as the primary member. Those over
- _____ Those listed in my membership are in generally good physical condition, without any physical disability, impairment, or ailment preventing him/her from participating in the facility activities he/she chooses. The participant agrees to inform staff of any significant change in health status. I have been provided with a health history form to complete, which will be kept in a confidential file (optional)
- _____ By signing below, I release Caroselli Aquatic & Fitness Center from liability for any damages or injuries that may arise while on the premises. I understand that medical insurance is my individual responsibility.

Signature _____ date _____

witness _____ date _____

- for office use only -

Cash _____ Check # _____ Credit Card _____ Transaction # _____
 Amount paid _____ Name on check or charge _____

Memberships are for 13 weeks from date of purchase		
Individual	Couple	Family
\$85	\$129	\$170