



**Hartland's Caroselli Aquatic & Fitness Center Membership Application**  
 10635 Dunham Road, Hartland, MI 48353 - [www.hartlandschools.us](http://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 entire facility 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](mailto: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