

Hartland's Caroselli Aquatic Center Membership Application

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

Date Purchased _____ Date Expires _____

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Phone Number _____ E-mail _____

Emergency Contact Name & Phone Number _____

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 are 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 from the school year schedule.
- 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 debiegregory@hartlandschools.us. I understand that all family members included in membership must be in provided photo.
- Everyone over age 18 included in the membership has shown, or provided a copy, of their driver's license indicating the same address as the primary member.
- 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. Please provide a completed health history form, which will be kept in a confidential file (optional).

By signing below, I release Hartland's Caroselli Aquatic 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

3 months (13 weeks)			6 months (26 weeks)			1 year (52 weeks)		
Individual	Couple	Family	Individual	Couple	Family	Individual	Couple	Family
\$95	\$140	\$180	\$165	\$260	N/A	\$310	\$510	N/A

- For office use only. -

Cash _____ Check # _____ Credit Card _____ Transaction # _____

Amount paid _____ Name on check or charge _____