Hartland's Caroselli Aquatic Center Membership Application 10635 Dunham Road, Hartland, MI 48353 – www.hartlandschools.us - phone: 810-626-2279

Date Purchased							•						
Last Name								t Name					
AddressPhone Number													
Emergency Contact Name & Phone Number							E-mail						
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First Na	me	L	ast Name	Age (c	niia)	M/F	FIRST INA	me	Last Name	Age (cl	ilia)	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 and may change quarterly and the summer schedule is different from the school year schedule. I understand the pool may close for reasons beyond control, such as weather. When the pool closes due to weather, no additional days will be added to the membership. 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. 													
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													
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Witness							Date						
3 months (13 weeks) 6 months (2						nths (26	5 weeks)		1 year (52 weeks)				
Individual	Senior Matin		Couple	Family	Indivi	dual	Couple	Family	Individual	Couple	Fami	ly	
\$117	\$80		\$180	\$218+	\$199		\$315	\$435+	\$374	\$617	\$875	+	
- For office use only													
Check #			_ Credit Card Transaction #										
Amount paid Name on check or charge													

