

City of York Parks & Recreation

Family Aquatic Center Membership Form



	Name	Gender	Date of Birth	Phone Number	Email	Key Tag
Primary						
Primary						
+1						
Child						
Child						
Child						
Child						
Child						
Child						

Address: _____

Emergency Contact: _____ Phone Number: _____

Membership Type: Day: Youth/Senior: _____ Adult: _____
 Coupon Book: Youth/Senior: _____ Adult: _____
 Non-Swimmer: Youth/Senior: _____ Adult: _____
 Season: Youth/Senior: _____ Adult: _____ Family: _____ Family +1: _____
 Joint: Youth/Senior: _____ Adult: _____ Family: _____

Membership Form: Date Received: _____ Date Entered: _____
 Membership Fee: Date Accepted: _____ Amount: _____ Payment Type: _____
 Key Tag(s): Date Given: _____ Amount: _____

City of York Parks & Recreation

Community Center & Auditorium Membership Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of the City of York Parks and Recreation Department and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the City of York and its employees, officers, representatives, executors, and its agents from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or arising out of my participation in any activities at said facility.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participating in any of the activities and programs of the City of York Parks & Recreation Department, or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Member Signature: _____ **Date:** _____

YPR Representative Signature: _____ **Date:** _____