



Indoor Aquatic Membership Application

Last Name: _____ First Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Category	Name #2	Age	Name #3	Age	Name #4	Age	Cost
Single adult							\$250
Adult Couple							\$385
Youth (2-17)							\$125
1 adult & 1 youth							\$350
Family of 3							\$500
Family of 4							\$500
Family of 5							\$600
Senior (62+)							\$200
Au-pair							\$175

Cost includes daily admission for 12 calendar months for adult lap swims, or open family swim times.

Must present membership card and ID upon entering facility. Management reserves the right to refuse admission to any member or guest who fails to follow facility policies, procedures, rules, and regulations.

Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternate # _____

In case of an emergency Cunningham Aquatics, LLC has the right to contact the person(s) listed above:

The undersigned in consideration for participating in the above listed activity sponsored by the Cunningham Aquatics LLC, hereby agrees to indemnify and hold Cunningham Aquatics, LLC, its officers, agents and employees harmless from any and all liability as a result of being injured while participating in the above activity. The undersigned hereby certifies to Cunningham Aquatics LLC, that the participant is in good mental, physical and health condition and is able to participate in this activity. The participant acknowledges that he/she will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury in this activity. In the absence of a lifeguard, I acknowledge that SWIM at OWN RISK applies. I understand and agree that photographs may be taken of me or my child during this program sponsored by Cunningham Aquatics, LLC. I give my permission to use these photographs for publication in brochures, flyers, electronic transmissions, and other forms of publicity by Cunningham Aquatics, LLC without remuneration or prior approval by me.

PARENT/GUARDIAN- Please print your name _____

PARENT/GUARDIAN SIGNATURE _____ Date _____

(Cash or Check payable to Cunningham Aquatics, LLC)