Anderson Mill
Parks & Recreation

Membership Pass Application

☐Pool Pass ☐Tennis Pass ☐Fitness Pass

Key Number _____

Adult Last Name	Adult First Name	D.O.B / /	M / F	Pool Pass	Fitness Pass	Pic
Adult Last Name	Adult First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic
Residential Address		Primary E-mail				
City/State/ Zip		Secondary E-mail				
Day/Work Phone	Home Phone	Emergency Phone				
Last Name	First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic
Child Last Name	First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic
Child Last Name	First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic
Child Last Name	First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic
Child Last Name	First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic
Child Last Name	First Name	D. O. B / /	M / F	Pool Pass	Fitness Pass	Pic

ASSUMPTION OF RISK

PLEASE READ BEFORE SIGNING BELOW

It is understood that some recreational activities including but not limited to, swimming, aerobic exercise, running, and exposure to sunlight involve an element of risk or danger of accidents, skin cancer and/or drowning, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this assumption of risk is to be binding on my heirs, assigns and all persons living in my household. I have also read and understand the pool and fitness center rules.

Print Name_____Signature_____Date____/_____/_____

Office Use Only

Receipt # _____Date Processed_____ Staff Initials _____
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