

FAMILY NAME _____

JAMES KENNEDY AQUATIC CENTER MEMBERS INFORMATION FORM

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ - _____ - _____

FAMILY MEMBER INFORMATION: LIMITED TO 2 ADULTS

1. _____ DOB ____ / ____ / _____

2. _____ DOB ____ / ____ / _____

FAMILY MEMBER NAMES: ADDITIONAL \$15 PER PERSON

3. _____ DOB ____ / ____ / _____ UNDER AGE 10

4. _____ DOB ____ / ____ / _____ UNDER AGE 10

5. _____ DOB ____ / ____ / _____ UNDER AGE 10

6. _____ DOB ____ / ____ / _____ UNDER AGE 10

7. _____ DOB ____ / ____ / _____ UNDER AGE 10

8. _____ DOB ____ / ____ / _____ UNDER AGE 10

Online membership forms can be emailed to: abutler@tiptoniowa.org

BY SIGNING BELOW I AGREE THAT...

1. ALL FAMILY MEMBERS LISTED ABOVE RESIDE IN THE SAME FAMILY
2. I ACKNOWLEDGE THAT CHILDREN MUST BE AT LEAST 10 YEARS OLD TO BE AT JK FAC BY THEMSELVES
3. I ACKNOWLEDGE THAT I MUST HAVE MY MEMBERSHIP CARD WITH ME AT EACH VISIT OR I WILL HAVE TO PAY DAILY ADMISSION
4. I ACKNOWLEDGE THAT IF ANYONE NOT LISTED ON THIS SHEET USES MY PASS, MY PASS WILL BE REVOKED WITHOUT ANY REIMBURSEMENT GIVEN.
5. I UNDERSTAND THAT MY SEASONAL PASS WILL BE VALID THROUGH LABOR DAY BUT THE OUTDOOR POOL MAY CLOSE BEFORE THAT WITHOUT A REFUND BEING GIVEN AS I WILL STILL HAVE ACCESS TO THE INDOOR POOL.
6. PATRONS WHO MISBEHAVE OR BREAK JK FAC RULES COULD BE KICKED OUT FOR THE SEASON WITHOUT REFUND
7. I HAVE READ AND AGREE TO ALL THE AQUATIC CENTER RULES

SIGNATURE _____

DATE _____

OFFICE USE ONLY

MEMBERSHIP TYPE: FULL YEAR SIX MON. PUNCH SUMMER

MEMBERSHIP SIZE: NUMBER OF PEOPLE ON PASS _____ SENIOR

PAYMENT INFORMATION: \$ _____ CASH \$ _____ CHECK # _____ \$ _____ CC