JAMES KENNEDY AQUATIC CENTER MEMBERS INFORMATION FORM

Family Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

FAMILY MEMBER INFORMATION: Limited to **2** Adults

1. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___
2. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___

FAMILY MEMBER NAMES:

3. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___ Under 10? Y/N
4. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___ Under 10? Y/N
5. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___ Under 10? Y/N
6. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___ Under 10? Y/N
7. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___ Under 10? Y/N
8. _____ DOB ___ ___ / ___ ___ / ___ ___ ___ ___ Under 10? Y/N

Online membership forms can be emailed to: aspangler@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 JKFAC by themselves
3. I acknowledge that I must have my membership card with me at each visit
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 refund being given as I will still have access to the indoor pool
6. Patrons who misbehave or break JKFAC rules could be kicked out for the season without refund
7. I have read and agree to all JKFAC rules

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY
MEMBERSHIP TYPE: ___ Full Year ___ Six Month ___ Punch Pass ___Summer ___ Senior
MEMBERSHIP SIZE: Number of People on Pass ___