



**Membership Application**

**All pages are required to be filled out by the primary member on the account.**

**\*Denotes required fields**

**\*Membership Type (Please circle one)**

Family	Couple/Single Family	Adult (18+)	Youth (3-17)
Lap Swimming Only	Walking Pass Only	Punch Card	

**Primary Member Information**

\*Member Name \_\_\_\_\_ \*Birthdate \_\_\_\_\_

\*Email \_\_\_\_\_

Parent/Guardian (If member is Youth) \_\_\_\_\_ \*Gender: M F

\*Allergies/Health Concerns \_\_\_\_\_

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Primary Phone \_\_\_\_\_ \*Phone Type: Home Mobile Work

Secondary Phone \_\_\_\_\_ Phone Type: Home Mobile Work

\*EmergencyContact \_\_\_\_\_ \*Phone \_\_\_\_\_

**Spouse**

\*Name \_\_\_\_\_ \*Birthdate \_\_\_\_\_

Email \_\_\_\_\_

**Dependent Children (Lives in the Same Household & Claimed on Income Taxes)**

**You may be asked for verification on dependents in the household.**

\*Name \_\_\_\_\_ Gender M F \*Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\*Allergies/Health Concerns \_\_\_\_\_

\*Name \_\_\_\_\_ Gender M F \*Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\*Allergies/Health Concerns \_\_\_\_\_

\*Name \_\_\_\_\_ Gender M F \*Birthdate \_\_\_\_\_ Age \_\_\_\_\_

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\*Name \_\_\_\_\_ Gender M F \*Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\*Allergies/Health Concerns \_\_\_\_\_

\*Name \_\_\_\_\_ Gender M F \*Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\*Allergies/Health Concerns \_\_\_\_\_

**I understand that my Membership does not take effect until payment is paid in full with the Chadron Area Aquatics and Wellness Center. I understand if I terminate my membership early, I will not be refunded any prorated portion of my remaining membership.**

**I agree to assume all risks associated with participating in activities at Chadron Area Aquatics and Wellness Center. I understand that by participating in physical activity I may injure myself and Chadron Area Aquatics and Wellness Center is not responsible for injuries that may include, but are not limited to: muscle strains, tears, pulls, broken bones, miscarriage, death, and any and all illnesses.**

**I agree to waive any liability and hold Chadron Area Aquatics and Wellness Center its representatives, successors, board of directors, and assigns, harmless for any and all claims and liability of any kind arising out of my participation in fitness classes, league sports or use of any Chadron Area Aquatics and Wellness Center facility or equipment.**

**I further acknowledge that I believe that I am in sound physical condition to participate in the activity that I have voluntarily signed up to participate in.**

**I further agree that Chadron Area Aquatics and Wellness Center and its successors and assigns is not responsible for any of my personal property while I am participating in any activity at the facility.**

**Printed Name** \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_