



For employee use only:

Card #: _____

Initials: _____

Pmt. Method: _____

Purch. Date: _____

Membership Application

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

***Denotes required fields**

***Membership Type** (Please circle both pass type and length)

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

ALL MEMBERSHIP FEE INCLUDES SALES TAX

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 (Live in the Same Household & Claimed on Income Taxes)

You may be asked to show proof to verify status.

*Name _____ Gender M F *Birthdate _____ Age _____

*Allergies/Health Concerns _____

*Name _____ Gender M F *Birthdate _____ Age ____

*Allergies/Health Concerns _____

*Name _____ Gender M F *Birthdate _____ Age ____

*Allergies/Health Concerns _____

*Name _____ Gender M F *Birthdate _____ Age ____

*Allergies/Health Concerns _____

*Name _____ Gender M F *Birthdate _____ Age ____

*Allergies/Health Concerns _____

Children under the age of 8 must be supervised by someone 16 years of age or older at all times.

I understand that my Membership does not take effect until payment information is completed with the Chadron Area Aquatics and Wellness Center. I also understand that it is my responsibility to notify the Chadron Area Aquatic and Wellness Center of my intent to cancel my membership in writing in accordance with the cancellation policy. I understand if I terminate my membership early, I am responsible for paying for the remaining portion of my membership that is outstanding.

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 are not responsible for any of my personal property while I am participating in any activity at the facility.

Printed Name _____

Member Signature _____ **Date** _____