

THE VERMILION COMMUNITY POOL

4846 PINEVIEW DR. VERMILION, OH 44089 440) 9671- 9071



Membership Registration Summer 2023

MEMBERSHIP RATES

	VERMILION CITY RESIDENTS	NON-VERMILION RESIDENTS
INDIVIDUAL SEASON MEMBERSHIP	\$80.00	\$95.00
FAMILY MEMBERSHIP FAMILY OF 4	*\$170.00	*\$195.00

**FAMILY MEMBERSHIP IS PRICED FOR FAMILY OF 4. ADDITIONAL MEMBERS MAY BE ADDED TO MEMBERSHIP AT THE COST OF \$30.00 PER PERSON. MUST BE NAMED AT THE TIME OF MEMBERSHIP REGISTRATION. CHILDREN AGED 2 AND UNDER ARE FREE.*

Last Name: _____

Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Membership Type: Family Number of People Listed on Family Membership _____
 Individual

Names of all Persons to Which Membership is Being Applied:

- | | |
|----------|------------|
| 1. _____ | Age: _____ |
| 2. _____ | Age: _____ |
| 3. _____ | Age: _____ |
| 4. _____ | Age: _____ |
| 5. _____ | Age: _____ |
| 6. _____ | Age: _____ |
| 7. _____ | Age: _____ |

Waiver: I understand that participation in activities or programs is completely voluntary, and that the activity or program being offered is for the benefit of the participant. The City of Vermilion shall not be liable for any claims, injuries, or damages, whatever the nature, incurred by the participants who are directly or indirectly attributable to the negligence, whatever passive or active, of the City of Vermilion, their agents or employees, arising out of or in connection with the activity or programs. On behalf of the participants and myself, I expressly release and discharge the City of Vermilion, their agents or employees from such claims, injuries, or damages. I understand this waiver includes any injuries that may result from the condition of the facility used in the activity or program.

_____ I have read and understand Waiver _____ I have read and agree to abide by the Vermilion Community Pool Rules

Members Signature: _____

Date: _____

Member's Printed Name _____

Paid: Check Number _____ Check Amount _____ Receipt # _____ Received By _____

Cash Amount _____