



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BOHN POOL 2018 SEASON PASS MEMBERSHIP APPLICATION



SEASON PASSES	Y Member	City Resident	Non-Member/Non-Resident
Youth	\$50	\$60	\$75
Adult (18-54)	\$50	\$60	\$85
Senior	\$50	\$60	\$70
Family	\$75	\$140	\$190

Please make checks payable to: YMCA of Lenawee County

Name: _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

**Please list the names of your Household Family Members who will be on the membership:
For a single membership, just fill in your name below.**

Household Family Members:

1. _____ DOB _____ 4. _____ DOB _____

2. _____ DOB _____ 5. _____ DOB _____

3. _____ DOB _____ 6. _____ DOB _____

- ⇒ A parent or legal guardian must accompany any children under 10 years of age.
- ⇒ In the event of adverse weather conditions, the pool may close and you may not be permitted to swim.
- ⇒ You agree to abide by the pool rules and to respect the decisions of the guards on duty, as it is their responsibility to maintain a safe environment.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BOHN POOL 2018 MEMBERSHIP APPLICATION

Please read the following, initial each section, sign and date below.

___ In consideration of facility access or being allowed to participate in the activities and programs of the YMCA of Lenawee County and to use its facilities, equipment addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA of Lenawee County and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility.

___ I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission or any of those mentioned or others, acting on their behalf or any way arising out of or connected with my participation in any activities of the YMCA of Lenawee County or the use of any equipment at the YMCA of Lenawee County. I agree to adhere to all policies set by the YMCA of Lenawee County.

___ The YMCA of Lenawee County has the right to terminate your YMCA privileges anytime if:
a) it appears that you are taking actions or doing things that are contrary to the Y's Mission, or
b) it appears that you are involved in criminal acts, or
c) acting in ways that disrupts the YMCA's operations

<p>Please list two (2) emergency contacts below:</p> <p>Emergency Contact #1: _____</p> <p>Relationship: _____ Phone: _____</p> <p>Emergency Contact #2: _____</p> <p>Relationship: _____ Phone: _____</p>

Signature: _____ Date: _____

<p>Office Use Only: Membership received by: _____ Amount Paid: \$ _____ Cash/Check # _____ Date Rec'd _____</p>
--