



Aquatic Membership Registration Form

Bay Village Family Aquatic Center 2017 Membership Application - Residents Only

Please check the membership :	Two forms of residency must be presented to staff!	Please print and fill out completely. Make checks payable to: Bay Village Recreation (Mail to: 400 Bryson Lane)
-------------------------------	--	--

Individual Membership:	Early Bird Rate	After 5/12/17	Family Membership:	Early Bird Rate	After 5/12/17
<input type="checkbox"/> Youth (2-5) _____	\$46	\$56	<input type="checkbox"/> Family of 2 _____	\$140	\$150
<input type="checkbox"/> Student (6-18) _____	\$63	\$73	<input type="checkbox"/> Family of 3 _____	\$171	\$181
<input type="checkbox"/> Adult (18-59) _____	\$79	\$89	<input type="checkbox"/> Family of 4 _____	\$202	\$212
<input type="checkbox"/> Senior (60+) _____	\$46	\$56	<input type="checkbox"/> Family of 5 _____	\$233	\$243
<input type="checkbox"/> Babysitter _____	\$84	\$94	<input type="checkbox"/> Family of 6 _____	\$264	\$274
			<input type="checkbox"/> Family of 7 _____	\$295	\$305
			<input type="checkbox"/> Family of 8+ _____	\$326	\$336

Address: _____ Bay Village, OH 44140

Home Phone: _____ Emergency Contact: _____

EMAIL: _____ Fob/Card: New members will receive at no charge;
Replacement fobs are \$2/card!

1. _____ Birth date ____ - ____ - ____ Age: ____
2. _____ Birth date ____ - ____ - ____ Age: ____
3. _____ Birth date ____ - ____ - ____ Age: ____
4. _____ Birth date ____ - ____ - ____ Age: ____
5. _____ Birth date ____ - ____ - ____ Age: ____
6. _____ Birth date ____ - ____ - ____ Age: ____
7. _____ Birth date ____ - ____ - ____ Age: ____
8. _____ Birth date ____ - ____ - ____ Age: ____

Waiver: By signing this form, the undersigned agrees, with the intent to be bound, to release and hold harmless the City of Bay Village, its officers, directors, agents, servants, employees, and insurers from any and all liabilities, claims and causes of action for any and all injuries to me or my children arising out of my or my child's participation, either active or passive, in any activity sponsored by the Recreation Department of Bay Village. Furthermore, this release bars all claims by the undersigned's children, heirs, assigns, executors, and administrators. In consideration for the execution of this release, the City of Bay Village agrees to allow participation in the activity for the signor or the signor's child. By signing this document I agree that the activity for which I participate involves risk of injury. I acknowledge this risk and hereby give up any and all legal rights I may have against the City of Bay Village, its officers, directors, agents, servants, and employees for injuries relating therefore. I authorize the City of Bay Village to take and use without payment, photographs of me and/or my child during recreation programs/activities as needed for public relations purposes, marketing/advertising on the City Web Site or City Recreation Booklet.

Signature: _____ (Adult Member or Parent/Guardian for child under 18) Date: _____

Payment: Cash Check CK # _____ Credit \$3.99 fee (Please make checks payable to Bay Village Recreation)

Office Use Only:	Resident Verification: _____	Driver's license _____	Current Utility Bill _____
	Date Processed: _____	Initial: _____	