

MAHONE BAY AND AREA SWIMMING POOL *Membership Form 2017*

www.mahonebaypool.com

updated June 6, 2017

Main Contact Family Name

Email *checked daily*

EMERGENCY Phone

Parent/Guardian Name: _____

Mailing Address: _____

Civic Address: _____

Phone: (home) _____ (work) _____ cell _____

Membership Names:	Date of Birth	Membership Names	Date of Birth
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

	FAMILY (one family household)	INDIVIDUAL (one person)
SEASON		
June 30 – Aug 26	\$ 175 <input type="checkbox"/>	\$ 125 <input type="checkbox"/>
MONTHLY		
*JULY July 3 – July 30	\$ 140 <input type="checkbox"/>	\$ 105 <input type="checkbox"/>
*AUGUST July 31 – Aug 26	\$ 140 <input type="checkbox"/>	\$ 105 <input type="checkbox"/>
2 WEEK SESSION		
Session 1 July 3 – July 14	\$120 <input type="checkbox"/>	\$85 <input type="checkbox"/>
Session 2 July 17– July 28	\$120 <input type="checkbox"/>	\$85 <input type="checkbox"/>
Session 3 July 31 – Aug 11	\$120 <input type="checkbox"/>	\$85 <input type="checkbox"/>
Session 4 Aug 14 – Aug 25	\$120 <input type="checkbox"/>	\$85 <input type="checkbox"/>
Total Membership \$ Due		Comments:
Total Received		
Cash		
Cheque Number		
Receipt number		
Received by Signature		

DATE:

MEMBERSHIP SIGNATURE

Being name specific, please list any health or medical concerns that we should know about (i.e. allergy to drugs, other specific medical conditions, physical disabilities, special needs, etc.)

Our Commitment to Protecting Your Personal Information

The Mahone Bay & Area Swimming Pool Society collects Personal Information for the specific purposes listed below;

- To establish and maintain a relationship with a Client.
 - To protect Client health and safety.
 - To better understand Client demographics.

It is the Societies' general policy not to provide Personal Information to any external party. The Society may provide Personal Information to third parties, only that information that is required for the appropriate circumstances and used only for the identified purpose, as above. For further information on our Privacy Policies & Procedures – Phone: 624-9859.

WAIVER

I, a parent or guardian of the above named person(s), hereby, give my consent for their participation in any and all activities and programs occurring at the Mahone Bay Swimming Pool.

It is understood and agreed that there is an inherent risk in participating in activities and programs at the Mahone Bay Swimming Pool, and the Mahone Bay and Area Swimming Pool Society, its staff and its professional and non-professional volunteers are in no way responsible for any damage or loss of property, or injury to participants. I, the undersigned, therefore release and agree to indemnify and hold harmless the Mahone Bay and Area Swimming Pool Society, its staff and professional and non-professional volunteers, and sponsors from all claims arising from and out of any injury or loss suffered by the above named person(s) during any involvement with the activities and programs occurring at the Mahone Bay Swimming Pool.

Further, upon signing this agreement, it is acknowledged and understood that membership privileges may be revoked at the discretion of Pool Staff without notice or refund for behavioral or disciplinary problems exhibited by the above person(s).

I will furnish a certified birth certificate for the above named person(s) upon request of the Mahone Bay and Area Swimming Pool Society.

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHY CONSENT

Over the summer season, members take photos at the pool and send them to The Mahone Bay and Area Pool Society. As well, staff take photos and we like to use these photos on our website. Photos used will be group photos or distance photos and individuals will not be identified. There may be captions or titles with the photos, but names will not be included.

We are asking all members to sign our consent forms, just in case a member should appear in another member's photograph.

I, _____, **HEREBY CONSENT on behalf of (names stated in "Membership Names")** and **I AUTHORIZE** the Mahone Bay and Area Swimming Pool Society to use, publish, and display photograph(s) for the Web site for promotional purposes only.

SIGNED at Mahone Bay this ____ day of _____ 2017

Signature _____ Witness _____ (age 18+)

Print Name

For information, daily updates, and schedule changes please visit our Facebook page or www.mahonebaypool.com