

Nora Springs Aquatic Center Membership Registration Form 2023

Primary Name on Household Account _____
(Person we should contact regarding the household account)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Emergency Contact Name/Phone _____

Circle Membership Choice:	Aquatic Family	\$190.00
	Aquatic Couple	\$130.00
	Aquatic Individual	\$110.00
	Aquatic Senior Couple	\$115.00
	Aquatic Single Senior	\$90.00
	Aquatic Punch Card	\$47.00

Aquatic Center Memberships Must Be Paid in Full

MEMBERSHIP DEFINITIONS DEFINED:

Family – A family is considered no more than 2 adults, significant others, residing in the same household and all dependents living in that household, provided that the dependents are under 23 years of age and a full-time student. Foster parents and/or legal guardians caring for children in place of their parents will be considered parents for the purposes of this membership.

Couple – 2 adults, significant others, residing in the same household. No additional members may be added.

Individual – Any individual younger than 65 years of age. No additional member may be added.

Senior Couple – 2 adults, significant others, both over the age of 65, residing in the same household. No additional members may be added.

Senior Individual – Must be 65 years of age and older. No additional members may be added.

Punch Card – Purchaser's name will be on the card to use as they wish. 10 punches per punch card. With a punch card there is no need to fill out the back portion of the sheet

NO exceptions will be made to set membership guidelines. For any other issues/complaints, the Nora Springs Parks and Recreations Board will require a written statement. The Nora Springs Parks and Recreations Board will discuss said issues at their next monthly meeting.

Name On Pass(es)

- EVERYONE is required to have DATE OF BIRTH FILLED OUT BELOW (those without will not be placed on membership pass)
- EVERYONE will need both and first and last name (those without will not be placed on the membership pass)
- All Records and Material will be kept Confidential

Primary Member _____ Date of Birth ___/___/___ Relation _____ SELF _____

Additional Member _____ Date of Birth ___/___/___ Relation _____

Additional Member _____ Date of Birth ___/___/___ Relation _____

Additional Member _____ Date of Birth ___/___/___ Relation _____

Additional Member _____ Date of Birth ___/___/___ Relation _____

Additional Member _____ Date of Birth ___/___/___ Relation _____

Additional Member _____ Date of Birth ___/___/___ Relation _____

I agree that the information given above is correct to the best of my knowledge; I agree that all people listed meet the set criteria to qualify for the family pass. I agree that my family and I will abide the rules of the Nora Springs Aquatic Center and understand that anyone may be removed or expelled from the Aquatic Center as the discretion of the Aquatic Centers Staff. I release any and all claims for liability which may arise from me or my families' use of the Nora Springs Aquatic Center. I understand injuries may accrue and the City of Nora Springs, any employees and volunteers are not responsible for these injuries whether through their negligence or otherwise.

Signature: _____ Date: _____