



FLORENCE FAMILY AQUATIC CENTER
2009 MEMBERSHIP REGISTRATION FORM

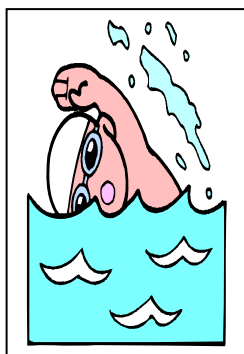
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAMILY MEMBERS: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female: \_\_\_\_\_



Registration table with columns for Name, Birthdate, and Male/Female, containing five rows of blank lines.

- \$225 CITY OF FLORENCE RESIDENT FAMILY
\$375 NON-RESIDENT FAMILY
\$125 CITY OF FLORENCE RESIDENT SINGLE
\$200 NON-RESIDENT SINGLE
\$100 CITY OF FLORENCE JUNIOR (16-18 YRS.)
\$175 NON-RESIDENT JUNIOR
\$ 75 CITY OF FLORENCE RESIDENT SENIOR
\$110 NON-RESIDENT SENIOR

NAME OF FLORENCE BUSINESS: \_\_\_\_\_

- \$300 CITY OF FLORENCE BUSINESS FAMILY
\$165 CITY OF FLORENCE BUSINESS SINGLE

I, for myself and as parent or guardian on behalf of the family members listed above who are minors, in consideration of permission granted to me and such minors by the City of Florence, Kentucky, AGREE at my/our own risk, to participate in the use of the City of Florence's Family Aquatic Center, recognizing that such participation involves the risk of physical injury. I further AGREE to be responsible for payment of all medical expenses incurred by myself and/or on behalf of such minors resulting from that use and hereby RELEASE and discharge the City of Florence, Kentucky, its elected officials, agents, officers and employees from any and all claims, demands, actions, judgments and executions which the undersigned, or such minors, ever had or now has or may have by which the undersigned, such minors, or my/their heirs, executors, administrators or assigns may have, or claim to have, against the City of Florence, Kentucky, its elected officials, agents, officers and employees for all personal injuries, known or unknown, and injuries to property, caused by or arising out of participation and use by myself or such minors of the Family Aquatic Center. I have read this Release and understand all its terms. I execute it voluntary and with full knowledge of its significance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: Payment: Cash Amt. \_\_\_\_\_ Check# \_\_\_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_

Credit Card: MC \_\_\_\_\_ VISA \_\_\_\_\_ AE \_\_\_\_\_ DISC \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_