



**FLORENCE FAMILY AQUATIC CENTER  
2018 MEMBERSHIP REGISTRATION FORM  
15% Discount November 24, 2017 – April 30, 2018**

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

<u>FAMILY MEMBERS:</u>	<u>DOB:</u>	<u>M/F:</u>	<u>FAMILY MEMBERS:</u>	<u>DOB:</u>	<u>M/F:</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____

**\$235/\$199.75** FLORENCE RESIDENT FAMILY \_\_\_\_\_ **\$385/\$327.25** NON-RESIDENT FAMILY \_\_\_\_\_

**\$135/\$114.75** FLORENCE RESIDENT SINGLE \_\_\_\_\_ **\$210/\$178.50** NON-RESIDENT SINGLE \_\_\_\_\_

**\$185/\$157.25** FLORENCE PARENT/CHILD FAMILY \_\_\_\_\_ **\$335/\$284.75** NON-RESIDENT PARENT/CHILD \_\_\_\_\_

**\$110/\$93.50** FLORENCE JUNIOR (13-18 YRS.) \_\_\_\_\_ **\$185/\$157.25** NON-RESIDENT JUNIOR \_\_\_\_\_

**\$ 85/\$72.25** FLORENCE RESIDENT SENIOR \_\_\_\_\_ **\$120/\$102** NON-RESIDENT SENIOR \_\_\_\_\_

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

**\$310/\$263.50** FLORENCE BUSINESS FAMILY \_\_\_\_\_ **\$260/\$221** FLORENCE PARENT/CHILD FAMILY \_\_\_\_\_

**\$175/\$148.75** FLORENCE BUSINESS SINGLE \_\_\_\_\_

I, for myself and/or 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 \_\_\_\_\_