



Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665

Membership Application



Please Select Membership and Payment Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resident (Must Pay City of Stayton Taxes) | <input type="checkbox"/> Family (2 adults and children under 17yrs living in household) | |
| <input type="checkbox"/> Non - Residence | <input type="checkbox"/> Adult | |
| <input type="checkbox"/> Auto Pay Monthly | <input type="checkbox"/> Senior (59 yrs & up) | <input type="checkbox"/> Silver & Fit Member |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Senior Couple | # <input type="text"/> |
| <input type="checkbox"/> Yearly | <input type="checkbox"/> Youth (1 yrs - 17yrs) | <input type="checkbox"/> Punch Card |

Primary Member					Card Number			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
First Name				MI	Last Name												
Mailing Address					City			State	Zip								
Home Phone				Email (Required)													
Cell Phone			Date of Birth			Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female								
Employer						Work Phone											
2nd Adult Member (or Parent/Guardian of youth member)												<input type="text"/>					
First Name				MI	Last Name												
Mailing Address					City			State	Zip								
Home Phone				Email													
Cell Phone			Date of Birth			Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female								
Employer						Work Phone											
Dependents																	
First Name		MI	Last			Birth Date			Gender								
									M / F								
									M / F								
									M / F								
									M / F								
									M / F								
									M / F								
** Required** Emergency Contact (other than in your household)									Phone								

Stayton Family Memorial Pool Membership Waiver

Please Read and Initial below:

IN CONSIDERATION of being permitted to utilize the facility, services and programs of the City of Stayton - Stayton Family Memorial Pool for any purpose, including, but not limited to observation or use of the facilities or equipment, or participation in any off-site programs affiliated with the City of Stayton - Stayton Family Memorial Pool the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering or participating will, inspected carefully consider such premises and facilities or affiliated program. It is further warranted that such entry into the City of Stayton - Stayton Family Memorial Pool for observation or use of any facilities or equipment or participation in such affiliated program constitutes and acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. That neither I nor any person listed on this membership has ever been convicted of a sexual offence or registered as a sex offender in any jurisdiction. I give my permission to the City of Stayton - Stayton Family Memorial Pool to use limitation and obligation, photographs, film footage, or tape recordings which may include my image and the image of anyone on my membership for purposes of promoting or interpreting programs.

I HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE the City of Stayton— Stayton Family Memorial Pool, Its managers, officers, employees, and agents from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of myself, whether caused by the negligence of the releases or otherwise while I am in, upon or about the premises or any facilities

THE CITY OF STAYTON - STAYTON FAMILY MEMORIAL POOL HAS THE RIGHT TO TERMINATE YOUR MEMBERSHIP AT ANYTIME IF:

- A) it appears that you are involved in criminal acts, or
- B) you are acting in ways that disrupt the operations or the activities of members or staff.

CANCELLATION POLICY if at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the City of Stayton - Stayton Family Memorial Pool within a minimum of 30 days prior to your scheduled draft date. No cancellations accepted by phone. Failure to do so will result in that month's EFT being non-refundable. A voided check or credit card is required. The City of Stayton - Stayton Family Memorial Pool does not, under any circumstance, reimburse for bank fees or charges. Billing or payment errors of any nature will be remedied through in-house credits. Membership fees are non-refundable and all punch cards expire one year from purchase date. If at the time of membership cancellation there is a balance that remains unpaid, the City of Stayton - Stayton Family Memorial Pool may draft the unpaid amount from pre-authorized account.

I acknowledge that I have read and completely understand of the potential risk associated with this activity, including injury and death and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree the City of Stayton - Stayton Family Memorial Pool, its officers, agents, and employees, harmless from and against all liability, claims actions, suit, damages, loss or injuries of any kind, nature or claim as a result of any act or omission related to the program(s) offered by the City of Stayton - Stayton Family Memorial Pool.

Signature of Primary Member

Date

Print Primary Members Name

Signature of Secondary Member or Parent/Guardian

Date

Print Secondary Members or Parent/Guardian Name

For Office Use Only:

Date of Application _____

Staff Initials: _____

Silver & Fit Form

Y / N

Auto Pay Information:

Y / N