



Clara R. McKenna Aquatic Center Membership Application

Personal Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Spouse: _____

Dependent: _____ Dependent: _____

Dependent: _____ Dependent: _____

Dependent: _____ Dependent: _____

Dependent: _____ Dependent: _____

A family (eight person limit) is defined as adults/guardians and their dependent children (under the age of 18) residing in the SAME household.

Additional per person fee beyond the eight person limit: annual-\$25/person, quarterly-\$15/person, monthly-\$10/person

Medical Information: _____

Information regarding any health problems that may affect your involvement in aquatic center activities.

Thank you for choosing to use the Clara R. McKenna Aquatic Center. We request your understanding in maintaining your, your family's and our safety and health by reading and signing the following informed consent agreement:

The undersigned shall indemnify, defend and hold harmless the CRMAC and the Unified School District of Antigo, their officers, employees and volunteers against any and all liability, loss, damage, expense, costs (no limitations) of every nature arising out of the undersigned's use of all facilities at the Aquatic Center by myself, my children and my heirs.

Signature: _____ Date: _____

| MEMBERSHIP TYPE | ANNUAL MEMBERSHIP | 3-MONTH MEMBERSHIP | 1-MONTH MEMBERSHIP |
|--------------------------|--------------------------------|--------------------------------|-------------------------------|
| Family Membership | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50 |
| Towel Contract | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$20 |
| Locker Contract | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$15 |
| Adult Membership (18-59) | <input type="checkbox"/> \$130 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$30 |
| Towel Contract | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$20 |
| Locker Contract | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$15 |
| Student Membership | <input type="checkbox"/> \$105 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$25 |
| Towel Contract | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$20 |
| Locker Contract | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$15 |
| Senior Membership (60+) | <input type="checkbox"/> \$105 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$25 |
| Towel Contract | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$20 |
| Locker Contract | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$15 |
| Senior Couple Membership | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$70 | <input type="checkbox"/> \$35 |
| Towel Contract | <input type="checkbox"/> \$40 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$20 |
| Locker Contract | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$15 |

Memberships are non-refundable, non-transferable, and non-extendable.

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| Office Use Only Date: ___/___/___ Amount Paid: _____ Check ___ Cash ___ Membership: New ___ Renew ___ Collected by: _____ |
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