

Paid: ___ CASH ___ CHECK

Amount Paid \$ _____

Receipt # _____

WITNESS _____ DATE _____

APPROVED _____ DATE _____



Ashland City Pool

A Proud Past A Bright Future

Department of Parks and Recreation
P.O. Box 1839
Ashland, KY. 41105-1839
(606) 327-2046
Fax (606) 327-0095

APPLICATION FOR MEMBERSHIP TO ASHLAND CITY POOL SUMMER 2019

MEMBERSHIPS

- FAMILY:** \$55.00 For a family of four (4)
** \$10.00 per additional family member, max of seven (7)
- ADULTS 18 & OVER:** \$40.00 For a single pass
- YOUTH:** \$30.00 For a single pass

AGREEMENT

- This membership is non-transferable; any violations of this agreement or pool rules may result in forfeiture of membership.
- No Additional names will be added after the original purchase date.
- All rules and regulations at Ashland City Pool will be enforced, and disciplinary actions will be taken including forfeiture of membership.
- You must show your pass/passes before gaining admittance to Ashland City Pool during regular swimming hours. Passes do not allow entrance to Ashland City Pool during private parties.
- To be permitted to swim, Children 12 & under must be accompanied by and adult.

CHECK TYPE OF MEMBERSHIP: _____ Family _____ Adult _____ Youth

Card # **PLEASE PRINT:**

Contact #: _____

Full Name **Age**
(Primary card holder/individual responsible for membership)

Full Name **Age**

Full Name **Age**

Full Name **Age**

<u>ADDITIONAL FAMILY MEMBERS</u>	
_____	_____
Full Name	Age
_____	_____
Full Name	Age
_____	_____
Full Name	Age

Please read, sign and date the following:

I have read and understand the rules and conditions, located on the back of the Ashland City pool pass/passes.

X

SIGNATURE

DATE