



130 S. Lane Street, P. O. Box 129
 Blissfield, Michigan 49228
 Phone: (517) 486-4347 Fax: (517) 486-4069
 Website: www.blissfieldmichigan.gov

Aquatic Center Membership Form

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Phone Number _____ E-mail _____

Emergency Contact Name & Phone Number _____

List Each Additional Member:

First Name	Last Name	Age (Child)	Sex (M/F)

Each section must be initialed before membership is in effect:

_____ I understand that membership entitles the members listed above use of the Aquatic Center facilities during scheduled hours except for classes with an instructor.

_____ A couple or a family are those who live in the same household.

_____ I understand that the Aquatic Center may close for reasons beyond control, such as weather. When the pool closes, no additional days will be added to the membership, nor any refund issued.

_____ Anyone age 10 and under must always be accompanied by an adult. Ages 11-17 may use the facility without an adult; however, they must follow the rules. Failure to adhere to the rules may result in them no longer be allowed without adult supervision.

_____ There shall be no refunds.

_____ I understand and agree to follow the rules of the Aquatic Center.

By signing below, I release the Village of Blissfield Aquatic Center from liability for any damages or injuries that may arise while on the premises. I understand that medical insurance is my individual responsibility.

APPLICANT SIGNATURE: _____

(Date)