

2011 POOL MEMBERSHIP AGREEMENT

Pool Season: May 28 – September 5, 2011

PLEASE READ AND COMPLETE ALL ITEMS BELOW.

Welcome to BSTA Pool. The pool strives to provide a safe family environment for all patrons. This form must be completed in person by the resident head of household and list only members living at that residence. Proof of residence is required before agreement is signed and approved. Labeled photos of family members are required.

Head of Household: _____ **Photo** _____
(Last Name, First Name MI)

Address: _____ **Home Phone#** _____

_____ **Work Phone#** _____

(City, State Zip) _____ **Cell Phone#** _____

Spouse: _____ **Photo** _____ **Work Phone#** _____
(Last Name, First Name MI)

_____ **Cell Phone#** _____

List other family members residing at address and provide labeled photos.

First Name	MI	Last Name	Date of Birth	Relationship	Photo

Emergency Contact: _____ **Phone#** _____

BSTA resident: _____ No charge / Membership covered by BSTA assessment fees

Outside member: _____ # in family _____

Single Adult/Silver member \$ _____
(Single \$150 / Silver Single \$135)

Additional Family members \$ _____
(\$50 times # of additional family members)

Subtotal \$ _____

10% Swim Team Pool Discount \$ (-) _____

Total due \$ _____

Amount paid: \$ _____ **Paid by check #** _____ **or Cash** **Rules/Calendar/Receipt given?** _____

Member's signature signifies all information is accurate and acceptance and intent that all included parties on this membership as well as any guests will obey all pool rules and pool management. Members and guests who fail to comply with pool rules and regulations may be removed from pool property. It may be necessary to obtain written permission from the BSTA pool committee to return to the pool.

Date

Print Name

BSTA Staff Approval

Head of Household Signature