

**TERRACE BROOK POOL
MEMBERSHIP APPLICATION FORM**

THIS IS A "SWIM-AT-YOUR-OWN RISK" FACILITY - THERE IS NO LIFEGUARD ON DUTY. POOL USE IS AT THE SOLE RISK OF THE INDIVIDUAL USING THE POOL. A RELEASE OF LIABILITY IS REQUIRED PRIOR TO ISSUE OF A CARD KEY.

NAME: _____ **DATE** _____

STREET ADDRESS: _____

CITY STATE ZIP: _____

HOME PHONE NO. _____ **OFFICE PHONE NO.** _____

CELL NUMBER _____

IF THERE IS AN EMERGENCY PLEASE CONTACT:
_____, OR
_____.

THE FOLLOWING FAMILY MEMBERS RESIDE AT THE ABOVE ADDRESS AND ARE TO BE EXTENDED FULL MEMBERSHIP PRIVILEGES

MEMBER 1: _____ **AGE:** _____ **Sex:** _____

MEMBER 2: _____ **AGE:** _____ **Sex:** _____

MEMBER 3: _____ **AGE:** _____ **Sex:** _____

MEMBER 4: _____ **AGE:** _____ **Sex:** _____

MEMBER 5: _____ **AGE:** _____ **Sex:** _____

MEMBER 6: _____ **AGE:** _____ **Sex:** _____

REQUESTED BY: _____

Please Print Name: _____