MEMBERSHIP APPLICATION

HARRISONVILLE AQUATIC CENTER 2025

First Name : _____ **Last Name :** _____

☐ **Male** ☐ **Female** **Date Of Birth :** ☐☐ ☐☐ ☐☐
M M D D Y Y

Address : _____

City : _____ **State:** _____ **Zip :** _____

Phone: _____ **Email :** _____

Emergency Contact Name & Phone Number: _____

Primary Membership Type: (Please Select One)	***Family** ($175)	***Adult** ($100)	***Youth** ($80)
	***Senior** ($80)	***10 Punch Pass** ($70)	HCC members receive 10% discount

Outdoor Pool Season	**Friday, May 23-Sunday, August 10**

Open 7 days a week. Monday-Thursday 12-7pm, Friday-Sunday 12-6pm.

Membership Type: _____ **Total Amount:** _____

MEMBER INFORMATION:

	Printed Name:	**Date of Birth:**	**Relationship to Primary:**
Primary Contact:			
Additional Registrants:			
Additional Registrants:			
Additional Registrants:			
Additional Registrants:			
Additional Registrants:			
Additional Registrants:			

I understand and attest that the information on this application is true and correct. I understand a parent or guardian must sign for children under the age of 18. I understand that any family member over the age of 18 must provide proof of residency. I understand that children ages 10 and under must be accompanied at all times by a parent or guardian (age 16+) while visiting the Outdoor Pool. **Exclusions**: Selected areas of the facility may be closed for maintenance or repair throughout the season. Compensation to membership will not be granted when this occurs. I adhere to all Rules & Regulations of the Harrisonville Aquatic Center as set forth by the Park Board.

Primary Account Holder's Signature: _____ **Date:** _____

*(If under 18, a parent or legal guardian must sign & date)

FOR OFFICE USE:

____Membership Application ____Member Photo I.D. Photocopied **Front Desk Initials** _____**Date** _____

WELCOME TO THE OUTDOOR POOL!