

Resident Pool Fees: \$100
Non-resident Fees: \$250

MASON CREEK COMMUNITY CENTER POOL REGISTRATION-2017

Name: _____
(PLEASE PRINT NAME)

Date: _____

Address: _____ MCUD _____
NC#10 _____
UNIV PK _____
OTHER _____
Telephone Number: _____ SWIM TEAM _____

Email Address: _____ **NEW RESIDENT**

Number of tags issued: _____ Check amount \$ _____ Check # _____

Emergency Info:
(PLEASE PRINT)

(1st Contact) _____ Telephone _____

(2nd Contact) _____ Telephone _____

(3rd Contact) _____ Telephone _____

Please provide the name of each family member for each pool tag issued. List emergency contact numbers and any additional information and/or Medical Alert for each.

Name: _____ Tag Number _____
(PLEASE PRINT)
Medical Alert/ Additional Info: _____

Name: _____ Tag Number _____
(PLEASE PRINT)
Medical Alert/ Additional Info: _____

Name: _____ Tag Number _____
(PLEASE PRINT)
Medical Alert/ Additional Info: _____

Name: _____ Tag Number _____
(PLEASE PRINT)
Medical Alert/ Additional Info: _____

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