

Resident Pool Fees: \$100

Non-resident Fees: \$250

MASON CREEK COMMUNITY CENTER POOL REGISTRATION-2020

Name: _____
(PLEASE PRINT NAME)

Date: _____

Address: _____

MCUD _____
NC#10 _____
UNIV PK _____
OTHER _____
SWIM TEAM _____

Telephone Number: _____

Email Address: _____

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: _____

Name: _____ Tag Number _____
(PLEASE PRINT)

Medical Alert/ Additional Info: _____

Name: _____ Tag Number _____
(PLEASE PRINT)

Medical Alert/ Additional Info: _____
