

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

# MASON CREEK COMMUNITY CENTER POOL REGISTRATION-2025

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)

(1<sup>st</sup> Contact) \_\_\_\_\_ Telephone \_\_\_\_\_

(2<sup>nd</sup> Contact) \_\_\_\_\_ Telephone \_\_\_\_\_

(3<sup>rd</sup> Contact) \_\_\_\_\_ Telephone \_\_\_\_\_

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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: \_\_\_\_\_

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Name: \_\_\_\_\_ Tag Number \_\_\_\_\_  
(PLEASE PRINT)

Medical Alert/ Additional Info: \_\_\_\_\_

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Name: \_\_\_\_\_ Tag Number \_\_\_\_\_  
(PLEASE PRINT)

Medical Alert/ Additional Info: \_\_\_\_\_

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Name: \_\_\_\_\_ Tag Number \_\_\_\_\_  
(PLEASE PRINT)

Medical Alert/ Additional Info: \_\_\_\_\_

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Name: \_\_\_\_\_ Tag Number \_\_\_\_\_  
(PLEASE PRINT)

Medical Alert/ Additional Info: \_\_\_\_\_

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Name: \_\_\_\_\_ Tag Number \_\_\_\_\_  
(PLEASE PRINT)

Medical Alert/ Additional Info: \_\_\_\_\_

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