

FLORENCE FAMILY AQUATIC CENTER (FAC)

2023 MEMBERSHIP REGISTRATION FORM

Family Name: Address: \_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone: Email:

Family Member Name DOB Family Member Name DOB

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*Family memberships may include up to six family members. Minimum 1 adult. Membership for additional family members is $45 each. FAC retains the right to terminate any membership due to non-compliance of facility policies and rules.*

Membership Dates—May 27th thru August 13—Weekends only thru Labor Day after August 13th

# MEMBERSHIP RATES - Discount if purchased between April 7-30 2023 – ONLY. All prices include sales tax.

**Regular Discount**

**Family Membership** – $370.00 / $320.00 \*

**Adult plus 1 Membership (16+)** – $265.00 / $235.00 \*

**Single Membership (16+)** – $215.00 / $185.00 \*

**Senior Membership (55+)** – $160.00 / $135.00 \*

**\*Memberships include a 10% discount on all purchases at the Aquatic Center Concessions**

Visit **https://florence-ky.gov/residents/florence-family-aquatic-center/** for more information.

I, for myself and/or as parent or guardian on behalf of the family members listed above who are minors, in consideration of permission granted to me and such minors by the City of Florence, Kentucky, AGREE at my/our own risk, to participate in the use of the City of Florence’s Family Aquatic Center, recognizing that such participation involves the risk of physical injury. I further AGREE to be responsible for payment of all medical expenses incurred by myself and/or on behalf of such minors resulting from that use and hereby RELEASE and discharge the City of Florence, Kentucky, its elected officials, agents, officers and employees from any and all claims, demands, actions, judgements and executions which the undersigned, or such minors, ever had or now has or may have by which the undersigned, such minors, or my/their heirs, executors, administrators or assigns may have, or claim to have, against the City of Florence, Kentucky, its elected officials, agents, officers and employees for all personal injuries, known or unknown, and injuries to property, caused by or arising out of participation and use by myself or such minors of the Family Aquatic Center.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**Signature: Date:**

**Office Use**

Cash Payment: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card:

MC

Visa

AE

Disc

Card Number

Expiration Date: CVC Code:\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_