

**CITY OF MOUNT VERNON**  
**Water Park Membership Application**  
**(ALL MEMBERSHIPS ARE NON TRANSFERABLE)**

- Non-Refundable Membership
- Non-Refundable Renewal (Select renewal for previous membership only)

**2020 Season**

**Swim lessons available with membership**

Type of Membership:  Family  Youth (Age 1-5)  Individual (Age 6-59)  Senior Citizen (Age 60 & Over)  Lap Swim (11am-Noon) 6 days/wk

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ School District: \_\_\_\_\_

Family Membership Only: Names of family members **living within the same household.**  
 (Limit 4 people, additional charge for each additional person)  
 \* PLEASE INCLUDE DATE OF BIRTH FOR CHILDREN UNDER AGE 18.  
 \* DATE OF BIRTH

Member 1	_____	_____
Member 2	_____	_____
Member 3	_____	_____
Member 4	_____	_____
Member 5	_____	_____
Member 6	_____	_____

E-Mail Address (optional) \_\_\_\_\_

Contact person in the case of an emergency:

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I/We agree to comply with all rules and regulations while using the aquatic park complex. The City reserves the right to revoke a membership at any time. This membership is NON-TRANSFERABLE.

\_\_\_\_\_  
 (Signature of Applicant) Date \_\_\_\_\_

**Make payments payable to: City of Mount Vernon**  
**Remit to:** City Auditor's Office, 40 Public Square, Mount Vernon, Ohio 43050

<b>For Internal Use Only:</b>	
Resident rate only applies to those who <u>reside</u> within Mount Vernon City School District	
Pre season price	<input type="checkbox"/> (Must be postmarked by April 30th)
May 1-July 31 price	<input type="checkbox"/>
Aug 1 & After price	<input type="checkbox"/>
Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>
Amount Paid:	\$ _____