

**CITY OF MOUNT VERNON**

**Water Park Membership Application**

**(ALL MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE)**

Non-Refundable Membership

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

**2025 Season**



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 child)

**\* MUST INCLUDE DATE OF BIRTH FOR ALL INDIVIDUALS \***

\* DATE OF BIRTH

	DATE OF BIRTH
Member 1	_____
Member 2	_____
Member 3	_____
Member 4	_____
Member 5	_____
Member 6	_____

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

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.

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of Applicant)

**Make payments payable to: City of Mount Vernon**

**Remit to:** Recreation Director, 40 Public Square, Mount Vernon, Ohio 43050

**For Internal Use Only:**

Resident rate only applies to those who reside within Mount Vernon City School District

Pre season price  (Must be postmarked by April 30th)

May 1-July 31 price

Aug 1 & After price

Amount Paid: \$ \_\_\_\_\_

Method of Payment:  Check  Cash