

## MCPHERSON WATER PARK MEMBERSHIP APPLICATION

MEMBERSHIP DEFINITIONS: Household: Any 5 persons living within the same household (residence). Limit of 2 adults (ages 18+) per household. With proof of student i.d., college-age students (age 23 and under) will not be considered as an adult. \$60.00 for each additional person residing in the household added to membership.

**MEMBERSHIP TYPE:** Please check one in each box.

<input type="checkbox"/> Family/Household Water Park Season Pass (Maximum of 5 individuals)	\$250.00
<input type="checkbox"/> Family Season Pass (Each Additional Family Member over 5)	\$60.00
<input type="checkbox"/> Individual Season Passes (Individual)	\$150.00
<input type="checkbox"/> Swim Team Individual Pass (Practice/Swim Meet Only)	\$50.00
<input type="checkbox"/> Swim Team Family Pass (All Use)	\$225.00
<input type="checkbox"/> Swim Team Individual Season Pass (All Use)	\$125.00
<input type="checkbox"/> Lap Swim and Water Walk Pass (Season)	\$75.00
<input type="checkbox"/> Daycare Water Park Season Pass (Every 5 - people)	\$200.00
<input type="checkbox"/> Punch Card (10 swims) Good for One Season Only (3 and up)	\$50.00

### PLEASE PRINT

Name: \_\_\_\_\_ Primary Phone #: (      ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, State, Zip

Email: \_\_\_\_\_ (for general information such as pool closings, etc.)

Emergency Contact Name: \_\_\_\_\_ Phone #: (      ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: (      ) \_\_\_\_\_

Member Name	Date of Birth	M/F

I certify that the above information is correct to the best of my knowledge. I understand that fees paid for waterpark memberships are non-refundable and that additional household members cannot be added after the original purchase date. Deliberately furnishing false information on this form will result in the cancellation of membership and forfeiture of all fees paid. There are inherent risks to swimming and the undersigned assumes such risk and warrants that all members are medically capable of swimming safely.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:** Receipt# \_\_\_\_\_ Date: \_\_\_\_\_ Payment: Cash CC CK# \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

If mailing your Water Park membership application, send the application and check payable to the City of McPherson Water Park Membership to: City of McPherson Municipal Center \* 400 East Kansas \* McPherson, KS 67460