

**MEMBERSHIP REGISTRATION** Date \_\_\_ / \_\_\_ / 0

Renewal

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_

**POOL FAMILY MEMBERSHIP** - Parents & Children age 21 & under

Spouse Name \_\_\_\_\_ M / F DoB \_\_\_\_\_  
Name \_\_\_\_\_ M / F DoB \_\_\_\_\_  
Name \_\_\_\_\_ M / F DoB \_\_\_\_\_  
Name \_\_\_\_\_ M / F DoB \_\_\_\_\_  
Name \_\_\_\_\_ M / F DoB \_\_\_\_\_

**EMERGENCY CONTACT:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL CONDITIONS, ALLERGIES, ETC. SELF:** \_\_\_\_\_

Name \_\_\_\_\_ Condition \_\_\_\_\_  
Name \_\_\_\_\_ Condition \_\_\_\_\_

R=Resident, NR=NonResident, FTSW=Full Time Shelton Worker, SR= Senior, HS=High School, Ch=Child, Co=College, D=Disabled, Qtr=Quarterly, YR=Yearly

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**FOR OFFICE USE ONLY ~ Circle all that apply DB:** \_\_\_\_\_  
Type: R - NR - FTSW - SR - HS - Fam - Ind - Ch - Co - D - Qtr - YR

POOL	FITNESS*	BASKETBALL
ID # _____	ID # _____	ID # _____
\$ _____	\$ _____	\$ _____
Cash _____	Cash _____	Cash _____
Check # _____	Check # _____	Check # _____
Receipt # _____	Receipt # _____	Receipt # _____

\* 1<sup>st</sup> time Fitness Members must sign Waiver

**POOL Family Membership ID #'s**

ID # _____
ID # _____
ID # _____
ID # _____
ID # _____
ID # _____

Entered in  
Membership Book  
Initials: \_\_\_\_\_

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