

CODMAN POOL & TENNIS MEMBERSHIP

**FORMS MUST BE FILLED OUT COMPLETELY & SIGNED.
A SEPARATE FORM IS REQUIRED FOR EACH FAMILY.**

Family Name: _____

Address: _____ Town/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Pool Membership			
	<u>Resident</u>		<u>Non-Resident</u>
Family	\$190	Family	\$400
Individual	\$100	Individual	\$200
Senior	\$60	Senior	\$100
Guest Pass	\$30	Guest Pass	\$30
Swim & Tennis	\$250	Swim & Tennis	N/A

Tennis Membership			
	<u>Resident</u>		<u>Non-Resident</u>
Family	\$80	Family	\$160
Adult	\$55	Adult	\$100
Child	\$25	Child	N/A
Swim & Tennis	\$250	Swim & Tennis	N/A

Membership: Please list the names and ages of all persons included in the membership:

1. _____ DOB: _____ 5. _____ DOB: _____

2. _____ DOB: _____ 6. _____ DOB: _____

3. _____ DOB: _____ 7. _____ DOB: _____

4. _____ DOB: _____ 8. _____ DOB: _____

**NOTE: IF YOU WOULD LIKE TO SIGN UP FOR SWIM TEAM OR SWIM LESSONS,
PLEASE USE THE REGISTRATION FORM ON PAGE 21.**

I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child's participation in voluntary athletic or recreation programs of the Town of Lincoln. I also agree to forever release the Town of Lincoln, the Lincoln Recreation Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Lincoln from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that that I understand the contents of this Form. I understand that my/my child's participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Lincoln's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Lincoln athletic or recreation programs.

I hereby give permission to the Lincoln Recreation Department to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Lincoln Recreation Department to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Lincoln Recreation Department to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Parent or Guardian Signature: _____ Date: _____

REGISTRATION FORMS CAN BE MAILED TO: THE LINCOLN RECREATION DEPARTMENT, BOX 6353, LINCOLN, MA 01773
OR DELIVERED TO THE RECREATION OFFICE, HARTWELL A POD, BALLFIELD ROAD, LINCOLN, MA 01773

For office use only:

Date: _____ Amount: _____ Check # : _____