

2024 Marysville Pool Membership Application

Member, Parent/Guardian or Responsible Adult's Information

Last _____ First _____

Address _____ City _____ Zip _____

Phone (home) _____ (cell) _____ Email _____

Emergency Contact _____ (main phone) _____

Borough or Township you live in _____

Name of Members (first & last name)	Date of Birth	Age	Relationship to Member
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1. _____			self
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2. _____			
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3. _____			
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4. _____			
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5. _____			
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List additional children on the reverse side, if needed

BOROUGH RESIDENTS

NON-RESIDENTS

Membership Type (please circle one)	½ Price Rates Must Purchase by 05/15/24	Full Price Rates Purchased after 05/15/24	Non-Resident Rate
Senior (60+)	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00
Individual	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$185.00
Family of 2	<input type="checkbox"/> \$97.50	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$210.00
Family of 3	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$225.00
Family of 4	<input type="checkbox"/> \$112.50	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$240.00
Family of 5	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$260.00

*** Each Additional Child is \$15.00 ***

*** Children 3 and under are FREE ***

I certify that the above is true and correct and that I will be responsible for any damages and/or actions incurred by dependents.
I/we have read the Information Sheet, Rules, and Regulations and agree to comply with all rules and regulations.

Printed Name of Member, Parent or Guardian

Signature of Member, Parent or Guardian

Memberships can be paid by cash, check, or credit card at www.marysvilleboro.com.

Checks should be made payable to Marysville Borough Pool.

A Membership Application and payment can be dropped off or mailed to 200 Overcrest Road, Marysville, PA 17053.

Once the pool is open, all membership applications and payments must be processed at the pool.

*** If membership is paid by credit card (CC) make sure the receipt is attached to this form. ***

OFFICIAL OFFICE USE ONLY

Amount Received: _____ Date Received: _____ Cash/CC/Check#: _____ Employee Initials: _____