Card # _____

Edinboro Legion Pool, Inc.

*** Membership Application ***

FAMILY LAST NAME _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE * _____ CELL PHONE * _____

* REQUIRED FOR ALL CHILDREN TO ENSURE THAT PARENT/GUARDIAN CAN BE REACHED

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

Our pool is a community effort, and we are always looking for new volunteers.
If interested, please check the area(s) below:

____ I would like to volunteer to help prepare the pool for the 2026 season.
____ I would like to volunteer in the Café for a few hours a week.
___ I would like to volunteer to help closing the pool at the end of the 2026 season.

POOL MEMBERS NAME	**AGE**	**FAMILY (2, 3, or 4), SENIOR, or SINGLE MEMBERSHIP**	**AMOUNT PAID**
		Total	

Indemnification and Waiver

My above membership will include selected members of my family residing at the above address who qualify as my dependents or spouse unless otherwise noted it's a single membership. I agree that my family and I will abide by the pool's rules of conduct and that any breach of said rules might result in loss of membership privileges without refund. In consideration of my family's participation at the Edinboro Legion Pool, I (we) hereby agree to indemnify and hold harmless the Edinboro Legion Pool, Inc., its directors and employees from all injury and damages which I (we) may suffer to our person or property. I (we) make this indemnification and waiver as my (our) own free act and deed after reading and review of the above.

Printed name of responsible adult _____ Date _____

Responsible adult's signature _____ Total Amount Paid $_____

Check # _____ Credit Card # _____ Valid Thru _____/_____ Sec Code _____
MM YY

Make check payable to: **Edinboro Legion Pool Inc**
Mail application and payment to: **200 Fairway Dr, Edinboro, PA 16412**