

Card # _____

Edinboro American Legion Community Pool

* Membership Application *

FAMILY LAST NAME _____

ADDRESS _____
CITY STATE ZIP CODE

HOME PHONE * _____ WORK or CELL PHONE* _____

* REQUIRED FOR ALL CHILDREN TO INSURE THAT PARENTS 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 cut grass, trimming bushes & etc.
- _____ I would like to volunteer on the Special Events Committee planning social events.
- _____ I would like to volunteer in the legion Café for a few hours a week.
- _____ Other _____

POOL MEMBERS FIRST NAME	AGE	FAMILY, SENIOR or SINGLE MEMBERSHIP	AMOUNT PAID

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 American Legion Community Pool, I (we) hereby agree to indemnify and hold harmless the Edinboro American Legion, 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 the reading and review of the above.

Printed name of responsible adult _____ Date _____

Adult signature _____ Total Payment Amount \$ _____

Check# _____ Cash _____ Credit Card _____ Other _____

Make payment to: Edinboro American Legion Pool, 200 Fairway Drive, Edinboro, PA 16412