

Application # _____



HEATH CITY WATER PARK MEMBERSHIP APPLICATION

For Office Use Only:
Payment Info

Date: _____

Amount: _____

Check #: _____

Visa: ___ Cash: ___

Initials: _____

MEMBERSHIP DEFINITIONS:

Household: Any 5 persons living within the same household (residence). Limit of 2 adults (ages 18+) per household. With proof of student i.d., college-age students (age 23 and under) will not be considered as an adult. \$105.00 for each additional person residing in the household added to membership.

Resident: Must live within the city limits of Heath. A current utility bill and/or driver's license constitutes proof of residency.

MEMBERSHIP TYPE: Please check one in each box

<input type="checkbox"/> Household	<input type="checkbox"/> Child (ages 9 and under)
<input type="checkbox"/> Individual (ages 10 - 59)	<input type="checkbox"/> Senior (ages 60 and over)

<input type="checkbox"/> Resident
Utility Acct #: _____
<input type="checkbox"/> Non-Resident

PLEASE PRINT

Name: _____ Primary Phone #: (_____) _____

Address: _____
Street Address City, State, Zip

Email: _____ (for general information such as pool closings, etc.)

Emergency Contact Name: _____ Phone #: (_____) _____

Physician: _____ Phone #: (_____) _____

Health restrictions? No Yes If yes, please describe: _____

Member Name	Date of Birth	M/F	Member Name	Date of Birth	M/F

I certify that the above information is correct to the best of my knowledge. ***I understand that fees paid for waterpark memberships are non-refundable and that additional household members cannot be added after the original purchase date.*** Deliberately furnishing false information on this form will result in the cancellation of membership and forfeiture of all fees paid.

Applicant Signature _____

Date _____

*If mailing your Water Park membership application, send the application and check payable to the City of Heath to:
Heath City Hall * 1287 Hebron Road * Heath, Ohio 43056.*