

## **CITY OF MIAMI SPRINGS**

PARKS AND RECREATION DEPARTMENT 1401 WESTWARD DRIVE MIAMI SPRINGS, FLORIDA 33166 (305) 805-5078



## **MEMBERSHIP & WATER AEROBICS APPLICATION**

BY COMPLETING AND SIGNING THIS APPLICATION, THE APPLICANT AGREES TO ABIDE BY ALL POOL RULES AND REGULATIONS AND FURTHER AGREES TO INDEMNIFY AND HOLD THE CITY HARMLESS WITH REGARDS TO ANY INJURIES RECEIVED AS A RESULT OF USE.

			FOR OFFICE USE ONLY			
Name:(Last)		(First)	_	Members	hip Fee	
Date of Birth:/	I	Male Female	Amount Paid			
Address:	<u> </u>		PMT Type			
			Date			
Cell Phone:			Receipt #			
			Rec'd. By			
Emergency Contact Name & Number:				Resident Non-Resident		
PASS TYPE						
☐ Annual Membership						
☐ Water Aerobics:	8 Classes	16 Classes				
☐ Family Membership						
Additional 1:	Last	First	/ Date o	/ f Birth	M/F	
A LUC LO	Lasi	riist			N4 / E	
Additional 2:	Last	First	/ Date o	/ f Birth	M/F	
Additional 3:			1	1	M/F	
	Last	First	Date o	f Birth		
Additional 4:	Last	First	/	/ f Birth	M/F	
		NERAL AGREEMENT / RE				
In consideration for the Cit	ty of Miami Springs'	Parks and Recreation Dep	artment providing acc	ess to the poo	ol,	
l,(Print Name	<del>)</del>	, do hereby:				
		e or injury through the use o				

- 2) Agree to compensate the City of Miami Springs for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of the equipment.
- 3) Agree to indemnify and hold harmless the City of Miami Springs and/or its departments, agents or employees from any liability arising out of my use of the pool.

Signature:	Date:
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