

THE JACK BOYNTON COMMUNITY POOL CLINTON YOUTH FOUNDATION



Membership Registration Form

Please fill out this form in order to register for a Family or Individual Membership to the Jack Boynton Community Pool, for the 2021 Season. If you have any questions, don't hesitate to email us at: theclintonpool@gmail.com

* Indicates a required field

Membership Name *

Last Name/s of Individual or Family

Email for Primary Contact *

example@example.com

Primary Phone Number *

Please enter a valid phone number.

Alternate Phone Number

Please enter a valid phone number.

Address *

Street Address, City, State, Zip

MEMBERSHIP TYPE

FAMILY MEMBERSHIP - A family is defined as a group of people who live in the same immediate household. Up to two other family members, babysitters, or guests may be added to any membership for \$10 each.

INDIVIDUAL MEMBERSHIP - An individual membership is valid for one person and is non-transferrable.

*All membership types include membership in the Clinton Youth Foundation.

MEMBERSHIP OPTIONS (Please select from the following list): *

- Family Full Season, \$285: June 12 - Aug 21
- Family June, \$70: June 12 - June 30 Family
- July, \$160: July 1-31
- Family August, \$90: August 1-21

- Individual Full Season, \$175: June 12 - Aug 21
- Individual June, \$40: June 12 - June 30
- Individual July, \$95: July 1-31
- Individual August, \$55: August 1-21

MEMBER NAMES

Adult #1 (Individual and Family)*

<input type="text"/>	<input type="text"/>
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First Name Last Name

Adult #2 (Family Only)

<input type="text"/>	<input type="text"/>
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First Name Last Name

Child #1 (Family Only)

<input type="text"/>	<input type="text"/>
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First Name Last Name

Child #1 Age

ex: 9

Child #2 (Family Only)

<input type="text"/>	<input type="text"/>
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First Name Last Name

Child #2 Age

ex: 9

Child #3 (Family Only)

<input type="text"/>	<input type="text"/>
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First Name Last Name

Child #3 Age

ex: 9

Child #4 (Family Only)

<input type="text"/>	<input type="text"/>
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First Name Last Name

Child #4 Age

ex: 9

Up to two other family members, babysitters, or guests may be added to any Family membership for \$10 each. You may enter the names and relations of these additional members below. Please be sure to add \$10 for each additional person to your payment.

Additional Member #1

First Name

Last Name

Relation to Member Family

Additional Member #2

First Name

Last Name

Relation to Member Family

TOTAL PAYMENT AMOUNT

Payment Method *

Paypal (Preferred)

Check

Cash



Scan. Pay. Go.

Checks can be made out to 'The Clinton Youth Foundation' and mailed to:

PO Box 32, Clinton, NY 13323

Cash payments can be received at the pool house during normal operating hours once the pool has opened for the summer.

Questions? Email us at: theclintonpool@gmail.com

MEMBER AGREEMENTS

Due to the pandemic, the pool is opening with limited capacity and with a variety of additional restrictions and rules intended to keep our membership safe. If you haven't already, please review and sign the attached **COVID-19 Pool Rules** (also available online at: www.clintonpool.com/covid).

Please return sign a copy of these rules, as well as a signed copy of the attached **Liability Waiver** with your Membership Form.

*Every adult visiting the pool will be required to submit a signed agreement. If you have adults on your membership who have yet to sign, they can do so on their first visit to the pool this season.

I have read the Member Agreement and agree that my household and guests will follow these rules.

Signature

Date
