

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 2022 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, \$310: June 18 - Aug 20
- Family June, \$85: June 18 - June 30
- Family July, \$175: July 1-31
- Family August, \$105: August 1-20

- Individual Full Season, \$175: June 18 - Aug 20
- Individual June, \$45: June 18 - June 30
- Individual July, \$90: July 1-31
- Individual August, \$55: August 1-20

MEMBER NAMES

Adult #1 (Individual and Family)*

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

Adult #2 (Family Only)

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

Child #1 (Family Only)

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

Child #1 Age

ex: 9

Child #2 (Family Only)

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

Child #2 Age

ex: 9

Child #3 (Family Only)

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

Child #3 Age

ex: 9

Child #4 (Family Only)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| 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



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

HEALTH and SAFETY

The pool is opening this season without COVID specific restrictions on capacity or masking. However, due to the uncertain nature of the pandemic, policies are subject to change based upon ongoing review of national and local CDC guidelines.

All members and visitors to the pool are required to abide by posted pool rules and regulations.

We appreciate your cooperation and continued support!

Signature

Date
