

Water World Registration Form

Water World - 1501 Collegeway - Worthington, MN 56187 - www.ymcaworthington.org/water-world

First Name		Last Name	
Mailing Address			
City		State	Zip Code
Primary Phone	Secondary Phone	Date of Birth	
Email Address			
First Name of Spouse (if applicable)		Last Name of Spouse	
		Date of Birth	
Emergency Contact (Must be someone not listed on this application.)		Relationship	Phone #

*Forms must be completed in full and will not be accepted otherwise.

Household/Additional User Information

List any additional user that you will have on the account. Any additional users must be an immediate relation; cousins, aunts, uncles, etc., are not allowed and must have their own pass/account.

ONLY USERS AGE 12 AND OLDER WILL RECEIVE A WATER WORLD CARD

	First Name	Last Name	M/F	Date of Birth	Relationship	Water World Card #
Same as applicant						
Users below this line are an additional \$30.00 per person.						

Please read and sign back



Water World Registration Form

Waiver & Authorization:

I am an adult over the age of 18 years. On my behalf and the behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the City of Worthington, (henceforth known as "the City") Water World, or the Worthington Area YMCA, (hence forth known as the "YMCA"), their sponsors, officers, employees, volunteers, or contractors, because of participation and use of their facilities. I further agree to indemnify the city and Ymca against and hold them harmless from loss incurred because of claims against them based upon alleged actions or omissions by me, my children, and family.

I understand that the city of Worthington Aquatic Center, "Water World", is a city facility operated and managed by the Worthington Area YMCA. I acknowledge that by registering for an Aquatic Center pass I am NOT becoming an active YMCA member and that my access to facilities ends with the outdoor center, Water World.

I have read this authorization, waiver, and release, understand it and am voluntarily signing it. I understand the City and YMCA are not responsible for personal property lost, damaged, or stolen while user is accessing the joint facilities, premises, or programs. I give permission for the City and YMCA to use without limitation or obligation, photographs, film footage, or tape recording which may include me or my children's image or voice for promotion or interpretation.

Applicant Signature

Date

OFFICE USE ONLY:

Payment Type:			Payment Stamp:
Cash	Check	Card	
*Please make checks payable to the Worthington Area YMCA			
Pass Type:	Price:	Qty:	Total:
12 – 17 year old single	\$75.00	_____	\$ _____
18+ year old single	\$100.00	_____	\$ _____
Family*	\$150.00	_____	\$ _____
Additional Family Member	\$30.00	_____	\$ _____
			\$ _____ FINAL

*Family pass is for a family up to 4, to add additional users a \$30.00 fee per person will be assessed

**Only individuals age 12 and older will receive a pass for access to the facility, facility policies prevent anyone aged 11 and under from being in the facility un-supervised