



3303 S. 3rd Avenue, Alpena MI 49707 989-354-8287

Participants Name(print): _____

Home Address: _____

DOB: _____ Daytime Phone: _____

Email Address: _____

Emergency Contact Name & Number: _____

Family Members Names & DOB if Included:

Membership Type: Adult _____ Senior _____ Family _____ Youth _____ Special Needs _____
Drop In _____ Monthly _____ Yearly _____ Military Discount _____

Liability Release: I agree to release the County of Alpena, Synchronizations LLC, sponsors and all officers, employees and volunteers from any and all liability for accidents, injuries, loss of or damage to my person or property that may arise out of my participation in the Alpena Plaza pool classes and programming. I am aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

Participants signature: _____ Date: _____

Social Media Consent: I hereby authorize Alpena Plaza Pool to use my photo and/or information related to my experiences associated with the pool and any of its functions related to the pool off campus. Use my full name(initial) _____ Use first name only(initial) _____ Photo Only(initial) _____ No Photo or Name _____ Privileges can be revoked at any time by contacting the Plaza Pool Director.

Participants signature: _____ Date: _____

Please note on this form any medical conditions that the swim instructor or Lifeguard should be aware of (i.e.- Seizures, Diabetic, Heart Issues)-

