



Dr. Robert W. Browne Aquatic Center Pool Memberships

Credit Card, Check or Cash Accepted

Membership Application

NAME _____ ADDRESS _____

PHONE _____ E-mail _____

INDIVIDUAL NAMES (& relationship) TO BE INCLUDED ON FAMILY PASS: *(A family membership includes 2 adults & any minor children all in same household)*

Amount Paid: \$ _____ Credit Card--- Check---Cash(circle one) Date: _____ Expires: _____

****I hereby grant non-exclusive permission and authorize the Coldwater Community Schools & Browne Aquatic Center to use photographs of members we are registering at the Dr. Robert Browne Aquatic Center, in all media, including the website, in any and all forms, without further compensation or any limitation whatsoever. I hereby acknowledge and recognize that photographs of members may in and outside of the pool.

I have read this release. (Sign Here)

Date