

2024 OAK HILL POOL MEMBER REGISTRATION FORM

NEW MEMBER Referred by _____ RENEWAL

Member Information

Adult Name(s) _____

Address _____ City _____ Zip _____

Phone _____

Email Address _____

Emergency Contact _____ Phone _____

| Dependent Child's Name | Birth Date mm/dd/yy | Swim Team | Dependent Child's Name | Birth Date mm/dd/yy | Swim Team |
|------------------------|------------------------|--------------|------------------------|------------------------|--------------|
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Family membership maximum fee = \$540.00 (Children age 2 and under are free)

\$90 - Single Member + \$90 per additional family member

(Living in the Same Household)

| | | |
|------------------------|--------------------------------------|-----------------|
| FAMILY MEMBERSHIP - | _____ members @ \$90 each | \$ _____ |
| SWIM TEAM FEE - | _____ swimmers @ \$60 each | \$ _____ |
| SIX VISIT GUEST PASS - | _____ passes @ \$25 each | \$ _____ |
| MAINTENANCE FEE - | Please write a separate check | \$ _____ 100.00 |
| | TOTAL DUE | \$ _____ |

Maintenance Fee will be refunded after 4 hours of volunteering at the pool. This would include yard work, pool vacuuming, maintenance/repairs, plumbing/electrical, painting and timing/serving at our home swim meets. Please ask a lifeguard or board member how you can help.

I have reviewed the pool policies available at www.oakhillralston.com and agree to abide by all the rules and regulations now in existence or which may be amended by the pool board.

Please sign in the space above.

PAYMENT INFORMATION

Make checks payable to: Ralston Recreation Association

Print completed form and send to: P.O. BOX 27222, Ralston, NE 68127

Phone: 402-593-9960 * oakhillralston.com * facebook.com/oakhillpool * oakhillralston@gmail.com

For office use only:

Process date: _____ Processed by: _____

Check # _____ or Cash Amount _____

Check # _____ or Cash Amount _____

Total _____