Triangle Aquatic Center

275 Convention Drive, Cary, NC 27511
Phone: (919) 459-4045 Fax: (919) 459-4050
http://www.triangleaquatics.org

PASS APPLICATION

PLEASE PRINT

Family Names

Last Name	First	DOB	Spouse	DOB
Address			Name	DOB
City	State	Zip	Name	DOB
(_____) Phone			Name	DOB
Email			Name	DOB

Emergency Contact Relationship Phone

PASS TYPE (Check One)	Daily	10-Visit	20-Visit	Monthly	Annual
Infant (under 2)	Free				
Child (2-11)	□ $2.40	□ $21.60	□ $38.10	□ $23.70	□ $240
Youth (12-18)	□ $4.80	□ $43.30	□ $76.20	□ $47.90	□ $480
Adult (19-59)	□ $6.95	□ $61.80	□ $110.20	□ $65.40	□ $660
Senior (60+)	□ $4.80	□ $43.30	□ $76.20	□ $47.90	□ $480
Family (up to 6)	□ $16.50	□ $148.50	□ $257.50	□ $95.80	□ $960

WAIVER— PLEASE READ & SIGN

I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself and my child being able to participate in such events, I , for myself, child(ren), heirs, executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Triangle Aquatic Center and its officers, employees and volunteers from any and all suits, claims or liability, including negligence. I therefore agree to pay for all medical, hospitalization or any other expenses resulting from my or my child's participation.

I hereby authorize Triangle Aquatic Center staff to act on my behalf in accordance with their best judgment in case of an emergency involving me or my child(ren), and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from.

I understand that the pass fee are NOT REFUNDABLE, NOT TRANSFERABLE, AND NO EXTENSIONS, regardless of the number of times I or anyone included in my pass, use these facilities. I and all others included in this pass will obey all the rules and regulations set forth by the Triangle Aquatic Center. I understand failure to comply with these rules could result in suspension or revocation of this pass (without credit or refund of any monies paid by me).

_____ _____

Signature (Parent's signature if applicant is under 18 years old) **Date**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS/ELECTRIC FUNDS TRANSFER (EFT)

I (we) hereby authorize the Triangle Aquatic Center (COMPANY) to initiate credit entries and to initiate, if necessary, debt entries and/or EFTs adjustments for any credit entries in error to my (our) □ **Checking** □ **Savings** account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Please Print) _____ Date _____

SIGNED X_____ SIGNED X_____ ** **INCLUDE *VOIDED* CHECK**

OFFICE USE ONLY

Current Date	Pass Start Date	Expiration Date	Amount Paid
/ /	/ /	/ /	$

□ Cash □ Credit Card : MC Visa AE Last 4# _____, Exp ___/____ □Check: # _____

Last Name: _____ **First:** _____ **Add'l:** _____