



# PLAIN TOWNSHIP AQUATIC CENTER

## 2024 Registration Form

### Memorial Day Weekend through Labor Day Weekend

(Opening day: Saturday, May 25, 2024 – Closing day: Monday, September 2, 2024)

### Circle Membership Type/Rate

(MEMBERSHIPS ARE NON-REFUNDABLE & NON-TRANSFERABLE)

2024 Rates	Residents**		Non-Residents	
	Jan 1 – Apr 30	After Apr 30	Jan 1 – Apr 30	After Apr 30
Youth (3 - 17 yrs)	114.00	136.00	164.00	193.00
Single	136.00	157.00	187.00	216.00
Family of 2	238.00	260.00	295.00	323.00
Family of 3	313.00	335.00	374.00	402.00
Family of 4 or more	378.00	401.00	442.00	470.00
Seniors/*Child Care	76.00	87.00	96.00	103.00

\*Child Care Provider – One per household: (Must be 16 or older) CCP Name: \_\_\_\_\_  
Circle rate and add to purchase price

\*\* Residents are those who reside within Plain Township or the City of New Albany and are within those **taxing districts (220, 221 & 222)**

Proof of residency will be verified by Township staff. If you pay the resident rate and you are a non-resident, your membership will not be processed. Payment method is **check/cash or CC (in person or on-line)**. We will process passes on **Sunday, May 12<sup>th</sup>** at the pool (11- 2 pm) or on your first visit. Lost season passes may be replaced at a cost of \$5.00 and you **MUST** have your key fob to enter the pool.

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(REQUIRED)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Residency Type:	___ Resident		___ Non-Resident	
Member Name (Please print)		Age	Birth Date	Circle One
				M or F
				M or F
				M or F
				M or F
				M or F
				M or F

**Renew** before 3/31 and receive a guest pass with 20 visits but before 4/30 and receive a guest pass with 15 visits

**New membership** join by 3/31 receive 15 visits but before 4/30 and receive 10 visits

**Youth memberships** join by 4/30 and receive a guest pass with 5 visits, one per household.

Payment Method:

☐ Cash

☐ Check

☐ Credit Card

Last 4 digits: \_\_\_\_\_ (Credit cards only accepted at the Township office, pool or online)

Amount of Purchase: \$ \_\_\_\_\_

CC Auth # \_\_\_\_\_ (Clover Only)

Make check payable to: "Plain Township" There is a \$30.00 Returned Check Fee ☐ 2023 Member

Mail Payment, completed Membership form (Residents are those who reside within the Boundaries of Plain Township or the City of New Albany and are within those **taxing districts (220, 221 & 222)** Residency will be verified on the Franklin County Auditor's site. Renter's need to send proof  
Plain Township, P.O. Box 273, New Albany, Oh 43054

After May 20<sup>th</sup> – Do Not Mail. Memberships will be processed at the Aquatic Center

**Liability & Release Waiver:** For and in consideration of the opportunity to purchase a membership in the above described Plain Township Aquatic Center, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless Plain Township, its successors, its officers, employees, and agents of and from any and all actions, claims, causes of actions, demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me and includes individuals listed on this membership, as a result of participation in any activity at the Aquatic Center. I/We have read and agree to the registration and policies listed under the rules and regulations. (Plain Township reserves the right to revise, modify or correct any omissions or errors contained herein.)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Invoice # \_\_\_\_\_ Taken By \_\_\_\_\_

(Required)

Office Use Only:

N / R - Res / N-R - GB \_\_\_\_\_

Membership Type: \_\_\_\_\_