



**Bonner Springs Aquatic Park**  
**Summer 2019 - Membership Application**  
**Opening Day: May 25<sup>th</sup>-August 11<sup>th</sup>**

**Please Read Before Filling Out Application**

**RESIDENT MEMBERSHIP**

Anyone wishing to purchase a resident membership must provide proof of residency, which is defined as living within the Bonner Springs City Limits, not the school district. Proof of residency includes a driver's license & utility bill, etc. Each adult must show proof of residency.

**FAMILY MEMBERSHIP**

A family membership includes the following conditions:

1. Immediate family members, who are defined as one parent/guardian or a parent/guardian couple and their dependents (as defined by the IRS) under the age of 25.
2. All of these immediate family members must reside in the same home during the length of the membership.
3. Maximum of 2 (two) adults per membership.
4. Any membership containing more than 5 members is subject to an additional \$5.00 charge per person. Must show proof of dependency by submitting most recent tax form for managers review.

**POOL ADMITTANCE (Including but not limited to):**

*A complete list of policies, procedures and rules is posted on our website at [www.bonnerrsprings.org/pool](http://www.bonnerrsprings.org/pool) and around the facility. Persons entering the pool shall:*

1. Be properly attired in bathing suits as required by health regulations, including swim diapers for incontinent or not-potty-trained individuals.
2. Be accompanied by an adult (13 and older) if nine (9) years old or younger.
3. Be in good health and not have open sores or wounds or any type of contagious disease(s).

Admittance to the pool will not be allowed for the following reasons:

1. Intoxication or use of recreational drugs.
2. Behavior that would be detrimental to the operation of the pool and the safety of others.

**WAIVER AND RELEASE**

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means. Registration is not valid without signature.

In witness whereof, I/we have hereunto set our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at Bonner Springs, KS.

X \_\_\_\_\_  
(Participant/Applicant has read all facility rules, waiver and release.)

X \_\_\_\_\_  
(Guardian and relationship if participant is a minor, has read all facility rules, waiver and release.)

**Head of Household Information (Please write legibly):**

Name (Last, First): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ How did you hear about the program? \_\_\_\_\_

I would like to be contacted for closings or announcements by (circle one):    Phone Call    E-mail    Text Message

*(Please check if applicable)* I do not want to be contacted for closings or special announcements.

Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_  Emergency Contact

Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_  Emergency Contact

**Family Member(s) on Membership (Must live with you) Include yourself (Head of house)**

**(Please print oldest to youngest if applicable) Max two (2) adults on Family Pass.**

Name	Age	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Fee Information**

	<b><u>Resident*</u></b>	<b><u>Non-Resident</u></b>
Family Season Pass	\$100.00	\$150.00
<i>**After 5 members an additional fee of \$5.00 per person will be charged.</i>		
Individual Child/Adult Pass	\$50.00	\$75.00
Senior Pass (Age 60 +)	\$25.00	\$50.00
Ten-Punch Pass	\$40.00	\$40.00
Daily Admission	\$5.00	\$5.00

*Membership cards are required at time of entry and are included with the purchase of a membership.*

*Replacement cards are \$2.00 for lost or stolen cards.*

***\*Proof of residency is required at time of purchase (example: driver's license with a utility bill) regardless of payment method.***

***\*\*May be required to show proof of dependency with latest tax form.***

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Total: \_\_\_\_\_