

2022 Killarney Farms Swim Center Family Membership Form

Please complete this form, Liability Release Contract and Pool Rules.
Refer to the Membership page on www.killarneyfarms.org for pricing or contact
killarneyfarmpres@gmail.com

Bring completed forms to Killarney Farms Swim Center upon first pool use.

Family Last Name: _____

Phone Number: _____

Email: _____

Alt. Phone Number: _____

Address: _____

City: _____ Zip: _____

By initialing here, I affirm that all individuals listed below live at the address above. _____

Adult Family Members:

Children (names and ages):

Emergency Contacts (name and phone number):

Babysitter(s):

Referred by: _____

_____ DO NOT WRITE BELOW THIS LINE _____

Type of Membership: ___ Executive Board ___ Regular ___ Adult Lap Swim ___

Membership Fee Paid Date paid: _____ Forms received: ___

Membership Form ___ Liability Form ___ Rules Form ___ Check-in card made