

2021
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 info@killarneyfarms.org.
- 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: _____ Donation amount: _____

-----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