

Lincoln Park Family Aquatic Center

By purchasing a swim pass or paying the daily fee, you are agreeing to follow the rules which have been established for the safety and enjoyment of all patrons.

Smoking is not permitted on any City owned property. This includes the Aquatic Center, the parking lot, and the entire park. The Aquatic Center is a tobacco and drug free zone. Persons under the influence of drugs or alcohol will not be admitted.

Children **11** years and younger must be under the direct care and supervision of a parent or other responsible person of the age of 16 years or older.

Proper swim attire is required. Swim diapers are required for diaper-age children. To use the waterslides or inner tubes, swimsuits must be free of all exposed metal; such as rivets, buckles, snaps, zippers and pockets must be empty.

Coast Guard approved flotation devices are permitted, however an adult must be within arms reach.

To use the following areas:

- Baby pool – Children under the age of 5 and accompanied by a person 16 or older
- Lazy River – 42” tall
- Tall Twisty slides – 46” tall
- Deep end and diving well – Must have passed the swim test for the managers*
 - *Swim test may be requested of any patron based on age, height or ability demonstrated. Our priority is safety.

Food must remain in designated areas. Outside food, drinks and/or coolers are not permitted within the Aquatic Center grounds.

Pool closing policy: Pool managers, at their discretion, may close a pool due to the following factors:

- Inclement weather
- Air temperature below 70°
- Low attendance – less than 15 patrons during any one hour period
 - Patron will be provided a 1 hour notice that the facility will be closing
 - Pool areas and water features may be closed or limited during the late season and/or during low attendance
- Water contamination (i.e. fecal accident, etc.)
- Maintenance
- Pool will be cleared for 30 minutes (minimum) after thunder or lightning; everyone must clear the deck.

The managers, due to extenuating circumstances, may wave or modify a rule to accommodate those with special needs.

All hours are subject to change; Lincoln Park Family Aquatic Center phone 740-387-2118, other contact number 740-387-5446.

Other facility rules are posted and available at the Aquatic Center.

LINCOLN PARK FAMILY AQUATIC CENTER

MEMBERSHIP APPLICATION

Please Print

RESPONSIBLE PARTY _____ DATE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL _____ EMERGENCY _____

EMAIL _____

PLACE OF EMPLOYMENT _____

	Family @ \$200.00 / Non-Resident \$250.00	
	Additional @ \$20.00 (for families for 7 or more, please add \$20.00 per person)	
	Family of 2 @\$125.00 / Non-Resident \$155.00	
	Adult @ \$85.00 / Non-Resident \$105.00 (18 years & over)	
	Youth @ \$60.00 / Non-Resident \$75.00	
	Seniors @ \$50.00 / Non-Resident \$68.00 (55 years & over)	
Amount Due		\$

Family - Immediate family only. No extended family (This will be verified).

Family Members (including Responsible Party)

Name (First & Last) PLEASE PRINT	D.O.B.	AGE	SEX	HT.	HAIR	EYES
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Key: B-Blue; BL- Black; BLO-Blonde; BR-Brown; G-Green; R-Red

In applying for membership to Lincoln Park Family Aquatic Center, I (we) agree to the following: To obey and adhere to all rules and policies established by Lincoln Pool staff and staff of the Marion Recreation Department.

Further, I (in representing all listed names) as an undersigned hereby and by these covenants do waive any and all claims that I (we), my (our) heirs and/or assignees may have against the City of Marion or their representatives for any personal injuries or property damage that I (we) may do or cause while participating. I also warrant and represent that I (we) do not suffer from any physical disability, condition or any provision which could present me (us) from safe participation.

STAFF: _____ DATE: _____

Further, as an undersigned, do hereby grant permission to allow the juveniles listed within to participate in open activities without direct supervision by myself or appointed parties.

SIGNATURE: _____ DATE: _____
(Must be legal guardian)

Refunds are not issued on pool memberships

AMT. PAID: _____ CHECK #: _____ CASH: _____ DATE: _____ INITIALS: _____

"Providing leisure Activities for the Marion Community"

WHITE=OFFICE YELLOW=POOL PINK=MEMBER