POOL MEMBERSHIP FORM

Key Fob #

Name:_____ DOB: ____/____/_____ Sex: M or F _____
Please Print!

Address: _____ City: _____ Zip: _____ State: ____

Home:( ) ____ - _____Work:( ) ____ - _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____

Day Phone: ( ) _____ - _____ Evening Phone: ( ) _____ - _____

Key Fob #

Family Members

Name:_____D.O.B: ____/____/_____ Sex: M ☐ F ☐ _____
First M.I. Last

Name:_____D.O.B: ____/____/_____ Sex: M ☐ F ☐ _____
First M.I. Last

Name:_____D.O.B: ____/____/_____ Sex: M ☐ F ☐ _____
First M.I. Last

Name:_____D.O.B: ____/____/_____ Sex: M ☐ F ☐ _____
First M.I. Last

Name:_____D.O.B: ____/____/_____ Sex: M ☐ F ☐ _____
First M.I. Last

Membership Rates

(New Rates effective September 3, 2013)

Type	1 Month	3 Months (10% off)	6 Months (15% off)	1 Year (25% off)
Pool Single	$25	$65	$125	$225
Pool Family	$40	$105	$200	$360
Westwood Senior	$15	$45	$90	$180

Westwood Senior Memberships are available to residents 60 years of age or older for $15 per month.

Payments Accepted: Cash, Check (made out to Town of Westwood) or Credit Card.

Credit Card #: ___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___ Master Card or Visa

Exp. Date: ____/____ Name as it appears on Card:_____

Billing Address: _____ Signature:_____ Date:_____

Date Purchased						
Amount						
Payment	C CK CC	C CK CC	C CK CC	C CK CC	C CK CC	C CK CC
CyberSource						
Sportsman						

Please Fill Out The Back Page

Pool Membership

Past History (Have you ever had?) Please circle if this applies to you.

Heart Attack	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Heart Murmur	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Heart Condition	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Stroke	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
High Blood Pressure	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Fainting Spells	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Joint Replacement	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Epilepsy	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Diabetes	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Rheumatic Fever	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Respiratory Condition	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Asthma	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Allergies	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Surgery	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Back Injury	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Back Pain	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Serious Infections	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
Athletic Injuries	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

Initials: _____ _____ _____ _____ _____ _____ _____

Explain in detail if "Y" was circled above on any of the inquiries:

Please list and describe (in detail) any medications that you are currently on:

Physical Activity Readiness Questionnaire (PAR-Q)	Circle
Has your doctor ever said you have heart trouble?	Yes or No
Do you frequently suffer from a pain in your chest?	Yes or No
Do you often feel faint of have spells of severe dizziness?	Yes or No
Has a doctor ever told you that you have high blood pressure?	Yes or No
Has a doctor ever told you that you have a bone or joint problem that has been aggravated by exercise or might be made worse with exercise?	Yes or No
Is there a good physical reason not mentioned here why you should not follow an exercise program?	Yes or No
Are you over the age of 45 and not accustomed to vigorous exercise?	Yes or No

In consideration of your accepting my entry, I hereby, for myself, my heirs, and administrators, waive and release any and all rights and claims for damages I may have against the above Recreation Department, Town of Westwood, successors and assigns for any and all injuries suffered by myself at any activity sponsored by these groups.

Signature:_____ Date:_____