



MEMBERSHIP APPLICATION		
Monthly Auto Pay	*Family 2 Adults + 2 Children Additional Children	\$104.00 \$13.00
*Please note there is a one time registration fee of \$45.00 for all new and reactivation of a cancel membership.	*Adult (19-64)	\$75.25
	*Senior (65+)	\$52.00
	*Youth (5-18)	\$46.25
Short Term Monthly	Family 2 Adults + 2 Children Additional Children	\$139.00 \$18.25
	Adult (19-64)	\$98.25
	Senior (65+)	\$81.00
	Youth (5-18)	\$75.25
Annual Pass	Family 2 Adults + 2 Children Additional Children	\$1248.00 \$155.00
*Please note annual passes are valid for 365 day from date of activation.	Adult (19-64)	\$903.00
	Senior (65+)	\$625.00
	Youth (5-18)	\$555.00
<p>Please Note: Auto pay memberships require a 3 month commitment as well as 30 day advance notice of cancellation, in writing. Anyone reactivating a canceled membership will be charged a \$45 registration fee. Should you wish to put your auto pay membership on hold, your account will be charged \$7 per month for youth and senior memberships, or \$10 per month for adult memberships. Please email annas@cfaquatics.org with any questions.</p>		

Program Participating In			
Lap Swim	Masters	Swim Team	Water Polo
ADULT INFORMATION: BILLING MEMBER			
First Name:		Last Name:	
Date of Birth:		Cell Phone:	Home Phone:
Email Address:			
Current Address:			
City:		State:	ZIP Code:
Emergency Contact:		Relationship:	Emergency Phone:
ADULT INFORMATION: CO-APPLICANT			
First Name:		Last Name:	
Date of Birth:		Cell Phone:	Home Phone:
Email Address:			
Current Address:			
City:		State:	ZIP Code:
Emergency Contact:		Relationship:	Emergency Phone:
CHILDREN INFORMATION			
Name:		M/F	D.O.B
Name:		M/F	D.O.B
Name:		M/F	D.O.B
Name:		M/F	D.O.B

WAIVER OF LIABILITY

In consideration of being allowed to participate in the Coggan Family Aquatic Complex Class/Activity, I acknowledge and agree that:

1. The Coggan Family Aquatic Family Complex does not maintain health insurance for injuries to the participant that may arise out of involvement in this class/activity.
2. By virtue of participation, participants risk bodily injury, but not limited to, paralysis, dismemberment, death, and other loss including damage to property.
3. I knowingly and freely assume all such risk for my child and/or myself.
4. I release and hold harmless and promise not to sue the La Jolla Aquatic Complex Foundation, doing business as, the Coggan Family Aquatic Complex, its officers, agents or employee with respects to any and all such injury including but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others given during this class/activity.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child, or to myself, while participating in the activity.
7. This agreement is binding on my heirs, personal representatives, next of kin, spouse and assigns.
8. I hereby give permission for the above named child and/or myself to be photographed, videotaped, or recorded for publicity purposes and that I waive all claims of compensation.
9. I certify to the best of my knowledge that my child's (or my) current physical condition is satisfactory for participation in the class/activity, and that he/she (I) am free of any health problems that would affect his/her (or my) ability to participate. Please note: individuals with health conditions such as, but not limited to chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until medical clearance has been submitted. In addition, the coach/instructor must be notified of any health condition prior to participation.
10. A family membership consists of 2 adults and 2 children any additional child will be charged an additional fee. All participants **must reside** at the same address listed. Any exceptions to this rule must be discussed with the membership department.

I certify that as a participant and/or parent/guardian of the participants listed (who are under 18), I consent to this waiver and release as set forth above. I realize that all participation in this program is voluntary.

Signature_____Date_____

***Additional signatures of wavier and release of liability to be signed by all participants over the age of 18.**

I certify that as a participant, I consent to the waiver and release as set forth above. I realize that all participation in this program is voluntary.

Signature_____Date_____

Signature_____Date_____

Signature_____Date_____

Coggan Family Aquatic Complex Memberships are valid during hours of operation. Please note that the pool may be closed on occasion due to special events. Any special events will be posted in advance.

Coggan Family Aquatic Complex

800 Nautilus Street
San Diego, CA 92037
858-456-0945

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

TOTAL AMOUNT CHARGED

Total Membership \$ _____

METHOD OF PAYMENT

___ VISA/MC Card # _____
Exp. _____ Verification # _____

I agree to pay the total amount stated above.

Cardholder printed name:

Cardholder signature:
