



MEMBERSHIP APPLICATION		
Monthly Auto Pay	Family 2 Adults + 2 Children	\$90
	Additional Children	\$10
	Adult (19-64)	\$65
	Senior (65+)	\$45
	Youth (5-18)	\$40
	Child (1-5)	\$25
Short Term Monthly	Family 2 Adults + 2 Children	\$120
	Additional Children	\$15
	Adult (19-64)	\$85
	Senior (65+)	\$70
	Youth (5-18)	\$65
	Child (1-5)	\$40
Annual Pass	Family 2 Adults + 2 Children	\$918
	Additional Children	\$102
	Adult (19-64)	\$702
	Senior (65+)	\$486
	Youth (5-18)	\$432
	Child (1-5)	\$270
<p><i>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 \$75 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.</i></p>		

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 effect 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 prior to the event taking place.

I authorize CFAC to initiate a monthly charge to the account noted below for my dues and recurring fees and those dues and recurring fees of any additional members added to my membership. This authorization is to remain in effect until CFAC has received written notice from me of its termination as required by my membership agreement. I have the right to stop payment on an EFT (Electronic Funds Transfer) by notifying my bank. This, however, does not void my contract with CFAC to fulfill my payment commitment and I am obligated to pay by some other method. The processing date of debit card charges may vary due to the banking procedures, and if the charges are returned they will be subject to a late fee.

CFCA Membership Card ID # _____

TOTAL AMOUNT CHARGED

Total Membership \$ _____

METHOD OF PAYMENT

___ VISA/MC Card # _____

Exp. _____ Verification # _____

I agree to pay the total amount stated above.

Cardholder Name (please print): _____

Cardholder signature: _____