

ROCKWOOD RECREATIONAL FACILITY 2010 MEMBERSHIP APPLICATION

Office Use Only: Date Rec. _____
Memb. # _____

Name _____

Spouse _____

Address _____

City, State _____ Zip _____

Telephone _____ Emerg. # _____

Email _____

Children *(residing at home)* Age

Please check membership choice:

____ Rockwood Family - \$125

____ Rockwood Couple - \$100

____ Rockwood Single - \$75

Mail membership application and payment to:

Rockwood Recreational Facility

P.O. Box 780141

Wichita, KS 67278-0141

Please check if you are interested in:

____ Swim lessons ____ Swim team ____ Water aerobics ____ Lap swim

I hereby certify that the above information is true and correct and that any fraudulent statement will revoke this membership. In consideration of the acceptance of my application for membership to the Rockwood Recreational Facility, I, the undersigned, for myself, my spouse and my minor children, waive and release any and all claim for damages, for death, personal injury, loss of property or property damage that may accrue to me, my spouse or my minor children at the Rockwood Recreational Facility.

Applicant Signature _____ **Date:** _____

RHA DUES must be PAID IN FULL before membership will be activated.