

2016 OHAC Paper Membership Application

(Membership application and payment can also be made online at www.ohacpool.org)

Family name _____

Address _____ City _____ ZIP _____

Adult/Guardian #1 name _____ Email _____

Phone - Home _____ Work _____ Cell _____

Allergy/medical concern: _____

Adult/Guardian #2 name _____ Email _____

Phone - Home _____ Work _____ Cell _____

Allergy/medical concern: _____

<u>Child's Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Allergy/medical concern</u>
#1 _____	_____	____/____/____	_____
#2 _____	_____	____/____/____	_____
#3 _____	_____	____/____/____	_____
#4 _____	_____	____/____/____	_____

If adults above cannot be reached in an emergency, call _____ Phone _____

If none of the above parties can be contacted, I instruct OHAC to contact:

Pediatrician's Name _____ Phone _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Or the Emergency room staff at _____

If the designated parties are not available, I understand appropriate care deemed advisable by OHAC Staff will be sought. I understand that swimming and/or diving at OHAC pools is done at my and my family's own risk.

****Only initial the box below if you do NOT give permission for your children's photographs to be used. I (parent's initials) _____ refuse permission for any photos of my children to be published or distributed by OHAC for promotional use on the website, social media, or in other publications.**

PLEASE READ AND SIGN (for ALL MEMBERS - even if you registered and/or paid by credit card online)

I agree to release and not to make a claim against or sue Orchard Hills Athletic Club or anyone connected with Orchard Hills Athletic Club from any and all responsibility or liability for injuries which result in any way from my use of the pools, the surrounding areas, and in connection with activities sponsored by Orchard Hills Athletic Club at other pools. I am fully aware that this is a release of liability and a contract between myself and Orchard Hills Athletic Club. I am signing this release freely and on my own accord, and recognize that this is binding upon myself, my heirs and assigns. In the event that I am signing on behalf of any minors, I have full legal authority to do so, and realize the binding effect on them as well as on myself.

I, THE UNDERSIGNED, HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

_____/____/____ Adult/Guardian #1 Signature Date Adult/Guardian #2 Signature _____/____/____ Date

Adult/Guardian #1 Name (Print Please)

Adult/Guardian #2 Name (Print Please)

Be a part of this community!

OHAC is a nonprofit neighborhood swim club run by volunteers. Only the life guards, coaches, and managers are paid. It's a big job to keep two pools going. If members don't volunteer, then we would have to hire the work out, which would increase your membership fees. The Board appreciates and thanks all of you who have pitched in over the years.

Please indicate below which volunteer tasks you are interested in undertaking this year. You will be contacted by a Board member at a later date. We ask that if you absolutely cannot volunteer for a task below, you make a monetary donation of \$50 instead.

Spring Clean-up

(You will be contacted regarding times)

- a April 23
- b May 9
- c May 16
- d May 23

Summer Activities

- e Weed whip (your equipment)
- f Weed landscape beds
- g Mow grass at Dolfin
- h Painting
- i Minor repairs and maintenance
- j Carpentry
- k Shop for vending machine supplies
- l Social Committee
- m Fall close-up

Winter Maintenance

- n Shovel sidewalks

Unable to volunteer

- o \$50 contribution

Membership Selection

Please check off the membership option you have chosen. All but "Punch Card" receive discounts on programs and can rent the pools for private parties.

- FM Family (full summer) pd by May 1 \$395
- FM Family (full summer) after May 1..... \$440
- M2 Two-month Family (two 30-day periods) \$330
Specify 1st period: _____; 2nd period: _____
- M1 One-month Family (one 30-day period)..... \$220
Specify period: _____
- AC Adult Couple..... \$275
- IM Individual (age 12-61) \$200
- IS Individual Senior (age 62 and up)..... \$125
- ST Sustaining membership (Open to alumni) \$100
Receive two family day passes
- PC Punch Card (10 punches)..... \$75
-Limit one card per household per season; can be used by household members and their guests; 1 punch per person per visit; non-transferrable.

Subtotal..... \$ _____

New Member Discount (on FM memberships only)
Your FM membership fee is reduced by \$50 if you have never been an OHAC member. - \$ _____
(new members cannot be Greeters or receive Referral Rebate)

Referral Rebate (on FM memberships only)
Treasurer will refund \$50 for each new family you refer that joins at FM rate

Referred Family Name/Phone Number
_____ / _____

Greeter Reduction of up to \$100 (on FM memberships only)
Do not apply this discount until you have contacted Pam O'Neal, pam@endeavorgrp.net - \$ _____

No time to volunteer (add \$50) \$ _____

Donation (**not tax deductible**) \$ _____

GRAND TOTAL..... \$ _____

Payment Options

- Check (made payable to OHAC)
- Credit Card (see the website, www.ohacpool.org, prices are slightly higher to reflect convenience fee charges)

Mail the completed application and check to OHAC Pool, 2300 Yorktown, Ann Arbor, MI 48105 (or drop in mail slot). For questions, please contact membership@ohacpool.org or call **Meena Srinivasan**, 734-717-8720.