WILSON HARBOR POOL CLUB

2021 Membership Application

FAMILY INFORMATION

Are you a Senior (65+)? ☐ Yes ☐ No Returning Member? ☐ Yes ☐ No

Family Last Name _____ Adult First Name(s) _____ _____

Child(ren) Names & Ages 1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Type Of Membership: ☐ Single ☐ Couple ☐ Family ☐ Senior Single (65+)

☐ Senior Couple ☐ Senior Couple with Grandchild(ren)

***Would you like to Enhance your Membership with 4 Guest Passes for $30?** Yes ☐ ☐ No

Membership Rates

Single	$239	Couple	$329
Family**	$399	Senior Single (65 and up)	$219
Senior Couple	$279	Senior Couple with Grandchild(ren)**	$349

****Family Membership** consists of up to 2 Adults/Guardians and up to 2 kids 22 years of age and under. Please add $45 for each additional child. **Senior Couple with Grandchildren Membership** includes up to 2 kids. Please add $40 for each additional child.

Please make checks payable to **Wilson Boatyard** and mail to:
Wilson Boatyard Marina
PO Box 441
Gasport, NY 14067

CONTACT INFORMATION

Address _____

_____

Home Phone _____

Cell Phone _____

2nd Cell Phone _____

Work Phone _____

2nd Work Phone _____

Email _____

EMERGENCY CONTACT

Name _____

Phone _____

Alt Phone _____

Relationship _____

HEALTH

Please list any health or physical conditions which may raise the risk of death or injury to self or others so that the WHPC can take any precautionary steps that are appropriate to assist the member.

_____

AGREEMENT

I have read and understand the WHPC's bylaws and agree to abide by them. I acknowledge that swimming and pools are inherently dangerous. I hereby release and hold harmless the Wilson Harbor Pool Club, The Wilson Community Enhancement Charity, Inc., Harbor Properties Inc., The Wilson Boatyard Marina, Inc., The Wilson Boathouse, Inc., and any and all of their owners, employees, agents, and assigns from any and all liability, including, but not limited to, any liability which may result from my use, my family's use, and/or my guests use of any of the above entities' land, parking, pool, showers and changing facilities, pool club equipment and amenities. Both adult signatures are required if applicable.

_____ _____

Signature and Date Signature and Date

WCEC

Please mail completed form and check **payable to Wilson Boatyard** to: Wilson Boatyard Marina PO Box 441 Gasport NY 14067

For Office Use: ☐ respond ☐ gft ☐ xtra pss ☐ mem crd ☐ emer dot ☐ other_____