

LEECHBURG AREA POOL, INC.  
 P.O. BOX 624  
 LEECHBURG, PA 15656



A NON-PROFIT ORGANIZATION Serving Recreational Interests of the A-K Valley

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

## 2021 Registration Form

MEMBERSHIP REGISTRATION: \_\_\_\_\_ New \_\_\_\_\_ Renewal  
 (Please Check One)

MEMBERSHIP TYPE: \_\_\_\_\_ Family \_\_\_\_\_ Couple \_\_\_\_\_ Individual \_\_\_\_\_ Youth\* \_\_\_\_\_ Non-Use  
 (Please Check One)

STREET ADDRESS:		CITY:
ZIP CODE	PHONE:	PHONE 2:
Please provide your email address so we can send you important announcements, event calendars, etc. Thank You.		EMAIL:

**Please list below ALL individuals residing in the household to be included on the pass.**

**We must have all individuals' names and ages to make ALL passes.**

Membership cards are available for pick up by members the first opening day of the pool season at the Pool Office. Pool rules will be distributed when membership cards are picked up. Passes must be presented for entry. If names are not on the registration form, gate fee will be charged. Photo ID verification may be requested for proof of residency and false info will cause forfeiture of membership with no refund.

First Name	Last Name	Age (as of 5/28)	College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CAREGIVERS PASS REGISTRATION (**One per family membership** for an **additional \$50**— see details of use)

Name: \_\_\_\_\_

In accordance with the by-laws of the Leechburg Area Pool, Inc., the undersigned also agrees to abide by all rules and regulations set forth by the Board of Directors. The undersigned also agrees to pay the annual maintenance fee. In the event the maintenance is not paid, the undersigned is assessed a non-use fee.

*\*For a person under the age of 18, who is purchasing a Youth Pass only, please have a guardian print and sign their name below.*

Signature of purchaser(s):

_____	_____	_____
Adult 1 Print	Adult 1 (Signature)	Date
_____	_____	_____
Adult 2 Print	Adult 2 (Signature)	Date

**Complete 5 hours of volunteering to receive your \$50 rebate!! Rebates mailed after hours are completed.**

We are in need of individuals to volunteer their time and skilled training to the up keep and maintenance of the pool.

I am willing to volunteer my time with: \_\_\_\_\_ Fundraising \_\_\_\_\_ Maintenance \_\_\_\_\_ Opening