

Member#: \_\_\_\_\_



## APV ACTIVITY CAMPUS POOL APPLICATION

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City State Zip Code

Telephone number \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Email \_\_\_\_\_ Membership type  Individual  Family

ADULT  TEEN  CHILD  
18 Yrs Old and Up    16-17yrs Old    15 Yrs Old and Younger

**Additional Family Member(s)**

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

ADULT  TEEN  CHILD  
18 Yrs Old and Up    16-17yrs Old    15 Yrs Old and Younger

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

ADULT  TEEN  CHILD  
18 Yrs Old and Up    16-17yrs Old    15 Yrs Old and Younger

4. Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

ADULT  TEEN  CHILD  
18 Yrs Old and Up    16-17yrs Old    15 Yrs Old and Younger

5. Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

ADULT  TEEN  CHILD  
18 Yrs Old and Up    16-17yrs Old    15 Yrs Old and Younger

STAFF USE
Member # _____
Member # _____
Member # _____
Member # _____

**PAYMENT INFO: select one**

**CASH**     **CC**   

**Total Amount** \_\_\_\_\_

**Daily Resident Pool Fee**  
 Fee \$5 per day

**Daily Non Resident Pool Fee**  
 Fee \$7 per day

- Pool: Resident**
- \$15 (Individual Weekly)
  - \$30 (Individual Monthly)
  - \$40 Family Monthly (max 5)
  - \$50 (Individual Annual)
  - \$60 Family Yearly (max 5)

- Add On**
- Fee \$10 per person
  - 1 person
  - 2 persons
  - 3 persons
  - 4 persons

Member#: \_\_\_\_\_

\_\_\_\_\_ Please initial indicating that you have the read and understand the Rules of the Pool Center.

\_\_\_\_\_ Please initial indicating that you understand that all sales are final.

**ASSUMPTION OF RISK AND RELEASE**

In consideration of becoming a member or being allowed to participate in the activities and programs of the Association of Poinciana Activity Campus (hereafter "Poinciana Pool Center") and to use its facilities and equipment, I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge the Association of Poinciana Villages (hereafter "APV"), its' employees and agents, from any causes of action, claims, liabilities or demands of any nature whatsoever, including but not limited to a claim of negligence, for personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way relating to my participation in activities or programs, and/or use of equipment or facilities in the APV, whether by the negligence of the Poinciana Pool Center or otherwise. I further agree not to sue, take legal action, or bring a claim and agree to indemnify and hold harmless Poinciana Pool Center from any and all causes of action, claims, demands, losses or costs, including attorneys' fees, of any nature whatsoever arising out of or in any way relating to my participation in activities or programs, and/or use of the pool or facilities in the APV Campus. I understand and am aware water aerobic exercises, are potentially hazardous activities. I also understand that physical fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using the pool facilities with the knowledge of the dangers involved. I do hereby declare that I do not pose a significant health risk to myself or pose a health risk to others health and safety in my pursuit of any physical activity in the Poinciana Pool Center, including the use of the pool facilities and/or participation in activities or programs. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have voluntarily decided to participate in activity and/or use of equipment and facilities without the approval of my physician; in either case, I do hereby voluntarily assume all risks and responsibility for my participation in activities and utilization of equipment and facilities. I agree to limit my participation to reflect my personal fitness level. I hereby agree to expressly assume and accept any and all risk of injury and/or death. I further agree that if I do not act in accordance with this agreement and with the rules and regulations governing usage of the Poinciana Pool Center, I may not be permitted to continue to use the facilities or participate in any activities or programs.

I hereby consent to and permit emergency treatment in the event of illness or injury while using the pool facilities and/or while participating in the activities and programs of the Poinciana Pool Center facilities. My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen years of age, or, if less than eighteen years of age, my parent or legal guardian has signed on my behalf, and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding. This agreement shall be construed and enforced in accordance with the laws of the State of Florida, and I consent to the jurisdiction of said State. If any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

Signature \_\_\_\_\_

Signature \_\_\_\_\_ Parent or Guardian Signature (if participant under 18)

Print Name \_\_\_\_\_ Date \_\_\_\_\_

APV Associate Signature \_\_\_\_\_ Date \_\_\_\_\_