

Membership Application – Lincoln High School Natatorium Community Swim Programs

Please mail completed application to:

Lincoln High School Natatorium

Attn: Cale Benitz

1801 16th Street South

Wisconsin Rapids, WI 54494

715-424-6750

POOL HOURS

Refer to the monthly calendar at:

<https://www.wrps.org/athletics/community/index.cfm>

ENTRY PROCEDURE

All members of the Lincoln High School Natatorium Community Swim Program must enter through the community locker rooms. Members must have their Swim Program ID to check in with the locker room attendant. You may be charged the "Drop-In Fee" if you repeatedly fail to bring your Swim Program ID with you to check in.

POOL RULES

- No glass, food, or drinks (except water) are allowed in the Natatorium area or locker rooms
- No animals allowed in locker room or Natatorium
- No running or dangerous horseplay
- Dive in designated areas only
- Must shower before entering the pool
- All children 12 years and younger must be accompanied by an adult
- No flotation devices of any kind allowed outside of the shallow area

Failure to adhere to facility rules may result in a forfeit of membership.

PROGRAMS

Membership includes entry into the following programs:

- Early Morning Aquatic Fitness
- Water X
- Open Swim
- Masters Swim
- Adult Lap Swim

MEMBERSHIP FEES

| YEARLY MEMBERSHIP: begins on date of purchase and valid for 1 calendar year | | | |
|---|--------|--|--|
| INDIVIDUAL | COUPLE | FAMILY Members with the same home address may complete a family application | YOUTH / SENIOR CITIZEN (55+) / COLLEGE |
| \$110 | \$140 | \$190 Membership allows for 5 members, an additional \$10 per month will be charged for additional family members | \$50 |

| MONTHLY MEMBERSHIP: begins on the 1 st of every month | | | |
|--|--------|--|--|
| INDIVIDUAL | COUPLE | FAMILY | YOUTH / SENIOR CITIZEN (55+) / COLLEGE |
| \$15 | \$20 | \$25 Membership allows for 5 members, an additional \$3 per month will be charged for additional family members | \$15 |

OTHER FEES:

\$5.00 charge to replace an ID Card

\$5.00 charge for any name change to a pool member account during the designated membership timeline

Foster parents should see the Aquatic Director for additional details

-----Detach Here-----

PRIMARY ACCOUNT CONTACT

PRINT NAME: _____ GENDER: _____
 ADDRESS: _____
 CITY/ZIP: _____
 PHONE: _____ MOBILE/LANDLINE (CIRCLE ONE)
 Emergency Contact Name: _____ Phone: _____
 E-MAIL ADDRESS: _____
 SIGNATURE: _____

WRPS Employee _____ Yes _____ No

| MEMBERSHIP TYPE | |
|---|-------------------------------------|
| <input type="checkbox"/> ANNUAL | or <input type="checkbox"/> MONTHLY |
| <input type="checkbox"/> Individual | |
| <input type="checkbox"/> Couple | |
| <input type="checkbox"/> Family | |
| <input type="checkbox"/> Student/Senior Citizen/College | |
| Total Amount Enclosed | |
| \$ | _____ |

ADDITIONAL MEMBERS

| LAST NAME | FIRST NAME, MI | GENDER | DATE OF BIRTH |
|-----------|----------------|--------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | | |
|---------------------|---------------------|--------------------------|
| FOR OFFICE USE ONLY | DATE PAID _____ | METHOD OF PAYMENT _____ |
| AMOUNT \$ _____ | CASH / CHECK# _____ | STAFF VERIFICATION _____ |