



2023 Membership Registration Form

Membership fees for the pool have been set at the minimum required to only cover pool operating expenses. In an effort to develop new programs and enhance the appearance of the pool and grounds, we ask that you consider a donation. No Cohasset resident will be denied use of the pool because of the inability to pay. Financial Aid information form can be found online. Please **SUPPORT YOUR SWIM CENTER!**

Name _____

Address _____

Town/Zip _____ E-mail _____

Phone# () _____ Cell Phone# () _____

- New member** **Returning Member** **Check if any are members of the Cohasset Swim & Diving Team**
- Non-Resident** **Cohasset Resident** **Check if any members are between the ages of 11 and 17**

Please print clearly each family member name(s) and birth date(s).

2023 Membership - Categories and Fees

Cohasset resident and individual membership enrollment below

- Family: Cohasset Resident** \$500
Family membership is defined as full-time Cohasset residents of a household. Full-time college students, up to age 22.
- Full-time Caretaker:** \$50
Add to family membership payment
- Individual Adult:** Ages 18 - 64 years \$300
- Individual Junior:** Ages 11 - 17 years \$225
Juniors Birthdate ____/____/____
Children under 11 must be accompanied by an adult member.
- Senior Citizen:** 65+ \$100
- Water Aerobics Season Pass: Classes only** \$100
Members & non-members, approx. 18 classes. Drop-in \$10 ea. class
- Water Aerobics Season Pass: Classes + Membership** \$125
Approx. 18 classes + be a member and SAVE even more!
- Guest Passes:** Block of 10 Passes See Guest Pass Policy: \$50
Guest Passes **can only** be purchased by **C.S.C. members** who have an **individual adult** or **family memberships**.
- Donation** (tax deductible) \$ _____

Non-Residents

Limited **out-of-town** memberships are offered depending on Cohasset resident membership enrollment.

- Family: Non-Cohasset Resident** \$575
Family membership is defined as full-time residents of a household. Full-time college students, up to age 22.

Waiver - must be signed

The undersigned use of the pool and its related facilities at their sole risk and agree for him/her or family whom benefit from this use to indemnify and hold harmless the Cohasset Swim Center. It's successors, assigns, affiliates, subsidiaries, trustees, officers, directors, employees, and members of and from all claims* for losses, personal injuries, death or any other claim arising out of or related to the use of the pool and its related facilities. I have read the C.S.C. general information on www.cohassetswimcenter.com and also understand that there are no refunds and no floatation devices are allowed.

* An inherent risk of exposure to COVID-19 exists in any place where people gather. COVID-19 is a contagious disease that can lead to severe illness and death. I agree to alert the Cohasset Swim Center Director if I, or members of my party, become ill with COVID-19 after this visit as soon as possible.

Contact **Director** and cscadmin@cohassetswimcenter.com

Signature

Name (please print clearly)

Date

Information subject to change, for additional information please go online: www.cohassetswimcenter.com

For Office Use only: Payment Date _____ Check# _____ Cash _____

For Office Use only: Credit Card _____ Transaction# _____ Amount _____