Parent/Guardian Name:

I and the below named family members wish to apply for membership of the Charlestown Swimming Pool. I understand that the Charlestown Swimming Pool Management has the right to reject this application.

Should the application be successful, as a Member, the below named agree:

1. To abide by the “Rules and Regulations” set forth by the Charlestown Swimming Pool Management, the Administration team and Lifeguards at all times. On acceptance of this membership application, all parties named below agree to review the Rules and regulations on an ongoing basis.
2. To pay the membership entry fee (on a per visit basis) or season ticket fee which covers up to the end of August 2018. Season Ticket holders get 10% off swimming lessons (excl. school lessons), camps and parties.  
    **RATES: Single Season Ticket: €80 (U18) €100 (18+)  
   Family Season Ticket: limited to 4 members, max. 2 adults (age 18+): €150, extra child €10, Extra adult €20**

Name: Age: Name: Age:

Name: Age: Name: Age:

Address:

email address: Mobile No.

Emergency Contact Name:

Emergency Contact Phone Nos.

Do the named members have any medical conditions including allergies that we should be aware of?

Please provide details:

Family Doctor Contact Information:

Have you held a membership season ticket to Charlestown Swimming Pool in the Past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, which approved member has recommended you as an applicant?

I and the above named members agree to the above terms: Sign Date

Season Ticket? Family Single Please tick if we may email/text you with updates