



Vermilion Community Pool

Open June 12 through September 6, 2021

4846 Pineview Drive, Vermilion, OH

440-967-9071

2021 Membership Registration Form

Open to the Public

Open Swim 12:00 to 5:00

and 7:00 to 9:00 weekdays

12:00 to 6:00 weekends

Swimming Lesson Dates and Registration on Back

Membership Type: FAMILY INDIVIDUAL

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Home: _____

**POOL RENTAL
AVAILABLE
CALL MANAGER
FOR DETAILS
967-9071**

List the names of members in the household of the above residence for which a family membership is being applied:
(Daycare providers may be included pending approval of the Pool Manager.)

Individual Resident	\$ 75.00
Individual Non-Resident	\$ 90.00
Family Resident	\$150.00
Family Non-Resident	\$175.00
10-Pack Punch Card	\$ 35.00

Daily Rate

Age 2 and under	Free
Age 3 to 17	\$4.00
Age 18 to 64	\$5.00
Age 65 and up	\$2.00

How to Buy Memberships

Pay Online @ www.invoicecloud.com/portal/vermilionoh

Pay In Person Make checks payable to: City of Vermilion and return to the Vermilion Community Pool

Vermilion Community Pool

4846 Pineview Drive, Vermilion, OH

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2021 Swimming Lesson Registration Form

1st Child

Last Name: _____ First: _____ Male: ___ Female ___

Age: _____ Birth Date: _____ Disabilities: _____

2nd Child

Last Name: _____ First: _____ Male: ___ Female ___

Age: _____ Birth Date: _____ Disabilities: _____

3rd Child

Last Name: _____ First: _____ Male: ___ Female ___

Age: _____ Birth Date: _____ Disabilities: _____

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Parent/Guardian

Name: _____ Address: _____ City: _____

Daytime Phone: _____ Emergency Phone: _____

Email address: _____

Session 1 (June 28 thru July 9, 2021) Beginner: _____ Intermediate: _____

Session 2 (July 19 thru July 30, 2021) Beginner: _____ Intermediate: _____

Cost - \$40.00 per member, \$50.00 per non-member (per session)

Session Times – 9:00a.m.; 10:00a.m. or 6:00p.m. Monday through Friday

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Waiver: I understand that participation in activities or programs is completely voluntary and that the activity or program being offered is for the benefit of the participant. The City of Vermilion shall not be liable for any claims, injuries, or damages, of whatever nature, incurred by participants who are directly or indirectly attributable to the negligence, whether passive or active, of the City of Vermilion, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant and myself, I expressly release and discharge the City of Vermilion, their agents or employees from any such claims, injuries, or damages. I also understand this waiver includes any injuries that may result from the condition of the facility used in the activity or program.

Parent/Guardian Signature: _____ Date: _____

Registration needs to be made one week in advance so that class size can be determined. Registrations will be accepted at the Vermilion Community Pool, Vermilion Recreation Department, or at Vermilion City Hall.

Cancellation must be made at least 7 days before the start of the class in order to receive a refund.

Weather/Class Make ups – There are no make ups for missed classes on the participant's part. If a class is cancelled by the Parks and Recreation, it will be rescheduled.

Make Checks Payable to: City of Vermilion

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2021 ROTARY Water/Swim Safety Registration Form

FREE program provided by Vermilion Rotary International

1st Child

Last Name: _____ First: _____ Male: ___ Female ___

Age: _____ Birth Date: _____ Disabilities: _____

2nd Child

Last Name: _____ First: _____ Male: ___ Female ___

Age: _____ Birth Date: _____ Disabilities: _____

3rd Child

Last Name: _____ First: _____ Male: ___ Female ___

Age: _____ Birth Date: _____ Disabilities: _____

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Parent/Guardian

Name: _____ Address: _____ City: _____

Daytime Phone: () _____ Emergency Phone: () _____

Email address: _____

Morning Session (June 21 thru June 25, 2021)Beginner: _____

Time: 10 am

Evening Session (June 21 thru June 25, 2021)Beginner: _____

Time: 6 pm

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Waiver: I understand that participation in activities or programs is completely voluntary and that the activity or program being offered is for the benefit of the participant. The City of Vermilion shall not be liable for any claims, injuries, or damages, of whatever nature, incurred by participants who are directly or indirectly attributable to the negligence, whether passive or active, of the City of Vermilion, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant and myself, I expressly release and discharge the City of Vermilion, their agents or employees from any such claims, injuries, or damages. I also understand this waiver includes any injuries that may result from the condition of the facility used in the activity or program.

Parent/Guardian Signature: _____ Date: _____