

Middleburg Swimming Pool

MIDDLEBURG AREA RECREATION ASSOCIATION, INC.

900 Pratt Lane
MIDDLEBURG, PA 17842
TEL. (570)837-3025
www.middleburgpool.com



MIDDLEBURGPOOL@GMAIL.COM

Membership 2019

Admission Rates

3 & Under	Free
Youth (4-17)	\$4.00
Adult (18+)	\$5.00

All checks payable to: Middleburg Community Pool

Mail to: Middleburg Area Recreation Association,
900 Pratt Lane

Middleburg, PA 17842

With a special notation "Pool Membership"

Non-Certificate Holder		Certificate Holder (Holds Stock)	
Student (3-17)	\$90.00	Student (3-17)	\$85.00
Adult (18+)	\$105.00	Adult (18+)	\$95.00
Family	\$185.00	Family	\$160.00
Babysitter (Adult)	\$60.00	Babysitter	\$40.00

The Babysitter pass must be added to a family pass and can only be used when babysitting in the absence of a parent

A discount of \$15.00 for Family and 10.00 for Student & Adult Memberships will be provided if payment is received by June 8, 2018.

STUDENT OR ADULT MEMBERSHIP – PLEASE PRINT

NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (Apt #)

(City) (State) (Zip Code)

GENDER: _____ PHONE: () () DATE OF BIRTH: / /
(Home) (Cell) (MM/DD/YYYY)

STUDENT SCHOOL NAME: _____

GRADE: _____

EMERGENCY CONTACT

NAME: _____

PHONE: () () RELATION: _____
(Home) (Cell)

FAMILY MEMBERSHIP- PLEASE PRINT

NAME OF PARENT/ GUARDIAN (1): _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (Apt #)

(City) (State) (Zip Code)

GENDER: _____ PHONE: (____) (____) DATE OF BIRTH: ____/____/____
(Home) (Cell) (MM/DD/YYYY)

NAME OF PARENT/ GUARDIAN (2): _____
(Last) (First) (MI)

ADDRESS: (Check is same as above) _____
(Street) (Apt #)

(City) (State) (Zip Code)

GENDER: _____ PHONE: (____) (____) DATE OF BIRTH: ____/____/____
(Home) (Cell) (MM/DD/YYYY)

CHILDREN (under 18)

NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
(Last) (First) (MI) (MM/DD/YYYY)

NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
(Last) (First) (MI) (MM/DD/YYYY)

NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
(Last) (First) (MI) (MM/DD/YYYY)

NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
(Last) (First) (MI) (MM/DD/YYYY)

NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
(Last) (First) (MI) (MM/DD/YYYY)

NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
(Last) (First) (MI) (MM/DD/YYYY)

BABYSITTER NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street) (Apt #)

(City) (State) (Zip Code)

GENDER: _____ PHONE: (____) (____) DATE OF BIRTH: ____/____/____
(Home) (Cell) (MM/DD/YYYY)

Reminders

- There will be no drinking of alcoholic beverages on pool property.
- Smoking is prohibited on pool property, including the parking lot. Vapor and smokeless tobacco is also prohibited.
- Pool passes are to be used only by those persons listed above. Passes loaned to other persons will be revoked.
- The babysitter pass may only be used when the person is watching the child in place of the parent.
- Proper pool attire must be worn.
- Acceptable language must be used at all times.
- The pool manager has the right and responsibility to have persons removed from the pool who do not abide by the rules.
- Parents are expected to review the pool rules that are posted throughout the pool area with their children.
- No glass containers are permitted on pool property.