



# Town Of Sudbury

Parks & Recreation Department  
Atkinson Pool

Parks & Recreation Dept.  
40 Fairbank Road  
Sudbury MA 01776  
978-443-1092  
[www.recreation.sudbury.ma.us](http://www.recreation.sudbury.ma.us)

## Atkinson Pool Membership Application

Welcome to Sudbury Park, Recreation and Aquatics at Fairbanks Community Center. We are pleased to welcome you as a member of Atkinson Pool. Please complete the below form in its entirety.

All memberships begin on the date of purchase. All memberships are non-refundable, and nontransferable. Any membership cancellation must be in writing.

Memberships cannot be purchased and applied the same day as program registration.

### Primary Member Information

Please complete the following for the person in which the membership will be under.

Name	
D.O.B	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Emergency Contact	
Relation	
Emergency Contact Phone #	

### Membership Type

Please check the membership type

- New Membership       Renewal Membership       Change in Membership  
 Sudbury Resident       Non- Resident       Military

Category	Description
Punch Pass	Adult, Youth, and Senior punch pass entitles the user to six swims for the price of five. Punch passes do not have an expiration date.
Tiny Tot Punch Pass	Tiny Tot punch pass entitles users to six swims for the price of five, to be used during tiny tot swim time. Tiny Tot punch passes do not have an expiration date.
Family Punch Pass	Family punch pass entitles the user to 18 swims for the price of 15; passes must be swiped for each member swimming that day. Family punch passes can be purchased by an individual. Family punch passes do not have an expiration date.
Lunch Time Membership	Lunch time membership is valid for swimming only during the hours of 11:00am – 3:00pm, Monday – Friday. Lunch time membership is a full year.
Monthly Recurring Membership	The monthly recurring membership has a three-month minimum commitment. The monthly fee will automatically be charged to your credit card on the 10 <sup>th</sup> day of each month. This membership entitles members to lap and family swim 7 days a week; as well as a discount on aquatics programs. This membership entitles members to early registration for aquatics programs. The monthly recurring can be cancelled at any time, after the original 3-month commitment.
6 Month Membership	The 6-month membership begins on the date of purchase, and valid for 6-months. This membership entitles members to lap and family swim 7 days a week; as well as a discount on aquatics programs. This membership entitles members to early registration for aquatics programs. A new 6-month membership entitles the member to 3 guest passes during the 6-month period.
Yearly Membership	The yearly membership begins on the date of purchase, and valid for 1 year. This membership entitles members to lap and family swim 7 days a week; as well as a discount on aquatics programs. This membership entitles members to early registration for aquatics programs. A new year membership entitles the member to 6 guest passes during the year.

Please check the membership box you would like:

	PUNCH PASS	LUNCH TIME MEMBERSHIP	MONTHLY RECURRING MEMBERSHIP	6-MONTH MEMBERSHIP	YEARLY MEMBERSHIP
FAMILY					
ADULT					
YOUTH					
SENIOR					
COUPLE					
TINY TOT					

Family Membership – Please list all family members who will be included in the membership. Family members must live within your household. A nanny may be put on a family membership.

Name: \_\_\_\_\_ M / F      D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F      D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ M / F D.O.B: \_\_\_\_\_

Monthly Recurring Charge:

Initial

\_\_\_\_\_ I understand that the monthly recurring membership is a continuous membership with no expiration date, with an initial 3-month minimum commitment. I understand that if I wish to cancel my membership, I must do so by notifying the Assistant Aquatics Director in writing before the last day of the month. If notification is received after the last day of the month, I understand I will be charged for the next month.

\_\_\_\_\_ I understand that if I cancel my credit card or get a new credit card, it is my responsibility to notify the Assistant Aquatics Director and sign a new authorization form.

\_\_\_\_\_ I understand my credit card will be charged on the 10<sup>th</sup> day of each month, or the following business day.

\_\_\_\_\_ I understand that periodic rate changes will go into effect; before new rates are implemented you will be notified.

***I have read and understand all conditions of my membership. I understand all pool and facility rules.***

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Official Use Only

Date: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Form of Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_ CC Auth: \_\_\_\_\_

Membership Taken By: \_\_\_\_\_ Guest Passes Given: \_\_\_\_\_