CANNON COMPLEX POOL MEMBERSHIP

First_____ Last_____

Address_____ City_____

State_____ Zip_____ Phone_____

Email Address_____

Membership Type: Check One

Individual ( )

Family ( ) List Additional Family Members: (First Names Only)

1_____ 2_____3_____4_____

Program Type: Check One

School Year ( )

Summer ( )

Annual ( )

· MAKE CHECKS PAYABLE TO CANNON COMPLEX POOL MEMBERSHIP

· MAIL REGISTRATION TO KEVIN HENNESSY BOX 3054 WINGATE, NC 28174

· YOU MUST HAVE REGISTRATION CARD TO BE ADMITTED TO SWIM

*****TO REGISTER MEMBERSHIP YOU MUST SIGN WAVIER BELOW:**
I HEREBY AGREE TO HOLD HARMLESS WINGATE UNIVERSITY FROM ANY AND ALL LIABILITY ARISING FROM MY USE OF THE POOL AND FACILITIES AND RELEASE ALL CLAIMS ARISING FROM USE OF THE POOL AND FACILITIES AT WINGATE UNIVERSITY.

SIGNED: **DATE:**