



Southern Valley County Recreation District

Cascade Aquatic and Fitness Complex Family Lifetime Membership Registration Form

#1 PRIMARY HOLDER

Last Name _____
First Name _____
Cell: _____ Work Phone: _____
Email: _____ Birthdate: _____

#2 SECONDARY HOLDER

Last Name _____
First Name _____
Cell: _____ Work Phone: _____
Email: _____ Birthdate: _____

HOUSEHOLD INFORMATION

Physical address: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone : _____

Additional Family Members Listed on Membership

#3 -MEMBER-

Last Name: _____
First Name: _____ Middle Initial: _____
Birthdate: _____ Relationship to Primary Adult: _____

#4 -MEMBER-

Last Name: _____
First Name: _____ Middle Initial: _____
Birthdate: _____ Relationship to Primary Adult: _____

#5 -MEMBER-

Last Name: _____
First Name: _____ Middle Initial: _____
Birthdate: _____ Relationship to Primary Adult: _____

#6 -MEMBER-

Last Name: _____
First Name: _____ Middle Initial: _____
Birthdate: _____ Relationship to Primary Adult: _____

Lifetime Family Memberships are designated as Two adults and up to 4 dependent or blood related children under the age of 19. All family members must be named and approved at the time of purchase and cannot be transferred or modified. Children at age 19 will drop off the family membership and must purchase individual memberships at the current rate at that time. The two original adults will retain membership privileges for life.

Primary Member Signature: _____ **Date:** _____

Payment plans can be arranged by contacting the SVCRD office. All monies are non-refundable.

Office Use: Method of payment _____ Staff Initials _____