

Senior Center & Therapy Pool

City of Winter Springs

400 N. Edgemon Ave. Winter Springs, FL 32708

Senior Center (407) 327-6554

Therapy Pool (407) 327-6577

Please Print

ActiveNet Membership Registration			
Full Name		FIRST	LAST
Gender (circle one):		Female	Male
Address			
City	State		Zip
Phone Number		Date Of Birth	
Email address			
Winter Springs (Circle one)			
Resident		Non-Resident	
(ID & proof of residency is required)			
Ethnicity (Circle One)			
American Indian or Alaska Native		Asian	African American
Hispanic/Latino	Native Hawaiian or Other Pacific Islander		Caucasian
Emergency Contact		Relationship	
Phone Number			

Release & Signature

I hereby release & agree to indemnify and hold harmless the City of Winter Springs, the City of Winter Springs Parks & Recreation Department, and any official or volunteer of the City of Winter Springs against all claims resulting from participation in this class or program, with my knowledge that by participating in this activity I assume risk of injury. I also give permission to the City of Winter Springs to use & display any photographs taken of me, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Winter Springs. All Fees represent membership from January 1 *through* December 31. Membership fees are prorated July 1st of each year. Proof of residency required.

Signature

Date

**Financial Assistance is available to residents of the City of Winter Springs who are unable to pay the full fee for membership(s)*