

**2011**  
**Clinton Community Pool**  
**Membership Application**

**Check Membership Type:**

Family:                       Full Season                       Half Season

Individual:                       Full Season                       Half Season

**Please designate one adult as voting member of the (Clinton Youth Foundation) CYF:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**List other ticket users with the ages of those under 12:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there medical problems we should be aware of?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photo Release Signature: \_\_\_\_\_

Mail form to along with payment to:  
Clinton Youth Foundation, PO Box 32, Clinton, NY 13323