



Odyssey Community Pool & Tennis

Membership Application

SUMMER 2016

For Office Use:
Rec'd By: _____
Date: _____
Paid By: _____
Amount: _____
Copy to Pool?: _____
Discount?: _____

Pool & Courts Open	Hours of Operation
<p>May 28th through September 11th</p> <p>Open Memorial Day Weekend (May 28-30th)</p>	<p>Sunday through Thursday: 12:30—7:00 PM</p> <p>Friday: 12:30—8:00 PM</p> <p>Saturday: 11:00 AM—8:00 PM</p> <p>Open Daily beginning June 4th</p> <p>After August 20th – Weekends Only (Saturday/Sunday)</p>

Adult Member #1: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Email: _____

Adult Member #2: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Email: _____

Family Members: (Up to 4)

First Name	Last Name (if different)	Gender	Grade	D.O.B.
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1. _____

2. _____

3. _____

4. _____

Membership Options

(Includes all membership benefits—not tax-deductible)

Discounts:

Select	Option	Full Season	Four Week Rate	Dates for 4 Week Rate (must be 4 Consecutive Weeks)
	Family	\$400	\$200	
	Individual	\$225	\$125	
	Single Parent Family	\$275	\$135	
	Adult Couple	\$300	\$150	
	Senior Adult (65+)	\$150	\$75	
	Senior Couple	\$190	\$95	
	Student	\$80	\$50	

Odyssey 2016/17 Families 25% Past Pool Members 20% 2016 Camp Families: 15%
 Student ID Required. (*Discount not applicable for Student and Senior Adult/Couple rates) (*One discount per family)

Total of All Selections: \$ _____ (less discount) -\$ _____ = \$ _____

Membership Agreement

I, the undersigned, hereby make application for membership to Odyssey: A Community of Integral Learning, Inc. I agree to abide by the rules and by-laws. I understand the membership is on a yearly basis, payable in advance, not transferable and non-refundable.

Hold Harmless Agreement

Participation in any Odyssey: A Community of Integral Learning, Inc. activities and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activity to be conducted by Odyssey: A Community of Integral Learning, Inc., I/we as an individual or as a parent/guardian of the participant named above, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless Odyssey: A Community of Integral Learning, Inc., its officers, directors, independent contractors, volunteers and employees for any illness or injury to me, my children or family members occurring during participation in any activities at, or off site, conducted by Odyssey: A Community of Integral Learning, Inc.

I have read the above and I understand and agree to Odyssey: A Community of Integral Learning, Inc.'s Membership and Hold Harmless agreements and all other state obligations.

Applicant's Signature: _____ Date: _____

Payment Options:

_____ A check is enclosed for \$ _____ for the membership as indicated above (payable to **Odyssey Community School**)

_____ Credit Card [Note: A **2.5% Convenience Fee** will be added to credit card payments.]

Please charge \$ _____ to my credit card. (We accept Visa, MasterCard, American Express & Discover)

Account # _____ Exp. Date: _____ CVV# _____

Signature: _____ Date: _____

Please mail payment and completed form to:
 Odyssey Community School, 90 Zillicoa Street, Asheville, NC 28801 or Fax to 828-259-3640
 Please visit www.odysseycommunity.org or call 828-259-3653 for more information