



CITY OF GAHANNA  
DEPARTMENT OF PARKS & RECREATION

**City of Gahanna Aquatics Membership  
2016 Registration Form**

**Gahanna Swimming Pool 148 Parkland Dr. 342-4272**  
**Hunters Ridge Pool 341 Harrow Blvd. 342-4269**

**Sneak Peek Hours**

	<b>HRP</b>	<b>GSP</b>
May 25-May 26	11am-7pm	Closed
May 27	11am-7pm	Closed

**Summer Hours**

Effective Beginning Saturday May 28	<b>HRP</b>	<b>GSP</b>
Monday-Sunday *	11am-7pm	12-8pm

\* Facilities at both locations will be closed on several Wednesday afternoons/evenings and GSP's back pool will close several days for swim meets.

**Fall/Back to School Hours\***

Effective when GJPS return to school	<b>HRP</b>	<b>GSP</b>
Weekday Hours, Monday-Friday	3:30pm-8pm	Closed
Weekend Hours, Saturday and Sunday	11am-7pm	Closed
Labor Day Hours	11am-7pm	Closed

\*Limited concessions

**MEMBERSHIP GUIDELINES**

- All individuals on the same membership must reside in same household.
- If more than one family resides at an address, each family must purchase a separate membership.
- No more than two adults on each multi-person membership.
- If two adults are already on the household's membership:
  - Youth between ages 18 & 23 still residing in parent/guardian household must be full-time students to be on family membership
  - Senior citizens (ages 55+) residing in a household with others must purchase separate Senior Memberships.
- Fill out one form for each membership purchased, complete a separate form for sitters.
- Must be age 11 or older to come to the pool without a parent or guardian.
- All individuals age 10 or younger must be under constant supervision of adult age 16 or older while at facility.
- Sitter add-on memberships may only be purchased with a single, couple, or family membership and designate as such on form. Sitter passes are only valid for entry when accompanying children of primary household.
  - Sitters must be age 16 or older and be able to reasonably care for the number of children under their direct supervision. If individuals in sitter/provider's care are not properly supervised, all memberships may be revoked.
- If purchasing a junior membership, provide information for parent/guardian as well primary care-taker(s) who will be onsite.
- To be eligible for resident discount rates, individuals must live or work full-time within Gahanna CITY limits—and provide proof annually. Membership information will be audited and if it is found that individual does not meet criteria, the household will automatically be charged the additional amount and/or admittance to facility will not be permitted until balance is paid in full.
- Age 2 and under at time of admission do not need to pay gate admission /purchase membership. Ages 3+ need to pay gate admission/purchase membership.

**2016 Rates**

<b>Membership Type</b> (see all guidelines above)	<b>Resident Discount Rate</b>			<b>Standard Rate</b>		
	Early Bird by April 22	Sneak Peek April 23– May 24	Beginning May 25	Early Bird by April 22	Sneak Peek April 23– May 24	Beginning May 25
Single (ages 11+)	\$140	\$170	\$195	\$145	\$195	\$215
Couple (2 people)	\$190	\$225	\$255	\$210	\$255	\$270
Family (3 people)	\$225	\$265	\$300	\$255	\$305	\$330
4+ Family (4+people)	\$225	\$265	\$300	\$275	\$305	\$330
Junior (ages 3-10) & Senior (ages 55+)	\$70	\$85	\$100	\$90	\$105	\$120
Sitter <i>add-on</i>	\$70	\$80	\$90	\$70	\$80	\$90

**Daily Gate Fee**

Before 3:30pm	\$9
After 3:30pm	\$6

**Please see the member handbook or visit [gahanna.gov](http://gahanna.gov) for special events, weather policy, and rules/regulations.**

**Memberships are non-refundable/transferrable.**



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2016 Registration Form**  
200 S. Hamilton Rd., Gahanna, Ohio 43230

**Gahanna Swimming Pool 148 Parkland Dr. 342-4272  
Hunters Ridge Pool 341 Harrow Blvd. 342-4269**

Parent/Guardian Name First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Member First Name (Do not list Sitters)	Last Name	Birth Date	Male/ Female

If you are adding a sitter to your membership, please provide their Name: \_\_\_\_\_  
*Ensure sitter completes an additional membership form and sign waiver. If you are the sitter—sign as appropriate, and indicate the family for whom you are a sitter*

**Circle Membership Type/Rate:**

2016 Rates Membership Type (see all guidelines above)	Resident Discount Rate			Standard Rate		
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Sitter <i>add-on</i>	\$70	\$80	\$90	\$70	\$80	\$90

Amount of Purchase \$ \_\_\_\_\_

Payment Method:  
 Cash       Check       MO      Number: \_\_\_\_\_  
**Make check or money order payable to: City of Gahanna**  
 Credit Card - Please bill my credit card (circle one):    MC    Visa    Discover    AMEX  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Name of Cardholder      Account Number      Exp Date  
 Cardholder Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
**Mail to : Gahanna Parks & Recreation , 200 S. Hamilton Rd., Gahanna, 43230**  
**Call: (614) 342-4250**  
**Register online through Webtrac at [www.gahanna.gov](http://www.gahanna.gov)**

**Liability & Release Waiver:** For and in consideration of the opportunity to participate in the above described Gahanna Department of Parks & Recreation Program, I, for myself, my heirs, executors, and administrators, acquit, discharge and covenant to hold harmless the City of Gahanna, its successors, its officers, employees, servants, and agents of and from any and all actions, claims, causes of actions, claims demands, damages, costs, loss of services, expenses and compensations, on or account of or in any way growing out of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes, including, but not limited to, private or public presentations, advertising, publicity and promotions relating thereto.\*

\_\_\_\_\_  
**Participant Signature** (Parent/Guardian if participant(s) under 18)      **Date**

\*To decline photo consent submit a letter in writing to the Department along with a current photo of the participant at the time of registration.