

2026 Marysville Pool Membership Application

Member, Parent/Guardian or Responsible Adult's Information

Last _____ First _____

Address _____ City _____ Zip _____

Phone (home) _____ (cell) _____ Email _____

Emergency Contact _____ (main phone) _____

Borough or Township you live in _____

Name of Members (first & last name) _____ Date of Birth _____ Age _____ Relationship to Member _____

1. _____ self

2. _____

3. _____

4. _____

5. _____

List additional children on the reverse side, if needed

BOROUGH RESIDENTS

NON-RESIDENTS

Membership Type <i>(please circle one)</i>	25% Price Rates <i>Must Purchase by 03/31/26</i>	Full Price Rates <i>Purchased after 03/31/26</i>	Non-Resident Rate
Senior (60+)	<input type="checkbox"/> \$37.50	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00
Individual	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$225.00
Family of 2	<input type="checkbox"/> \$172.50	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$265.00
Family of 3	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$305.00
Family of 4	<input type="checkbox"/> \$217.50	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$345.00
Family of 5	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$385.00
Each Additional Child	\$33.75	\$45.00	\$55.00

***** Children 3 and under are FREE *****

I certify that the above is true and correct and that I will be responsible for any damages and/or actions incurred by dependents.
I/we have read the Information Sheet, Rules, and Regulations and agree to comply with all rules and regulations.

Printed Name of Member, Parent or Guardian

Signature of Member, Parent or Guardian

Memberships can be paid by cash, check, or credit card at www.marysvilleboro.com.

Checks should be made payable to Marysville Borough Pool.

A Membership Application and payment can be dropped off or mailed to 200 Overcrest Road, Marysville, PA 17053.

All membership applications and payments must be processed at the Borough Office

***** If membership is paid by credit card (CC) make sure the receipt is attached to this form. *****

OFFICIAL OFFICE USE ONLY

Amount Received: _____ Date Received: _____ Cash/CC/Check#: _____ Employee Initials: _____