# **GACC** Caregiver **Registration Form**

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| **Primary Member Name:** |  |
| **Address:** |  |
| **Membership #:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Email Address:** |  |

*There is a $60 fee per caregiver pass, per year. The bearer of a caregiver pass will not be allowed to enter the pool without an active member on the account. Caregiver passes cannot be shared- one pass per person.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Member Signature

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| **Caregiver Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Phone:** |  |

Payments can be in your MemberSplash account.

Completed forms can be emailed to: [gacc-members@comcast.net](mailto:gacc-members@comcast.net)