

2017 POOL SEASON PASS

Adult's First Name: _____ Last Name: _____

Address: _____ City / State / Zip: _____

Home Phone: _____ Mom's Cell #: _____ Dad's Cell #: _____

Mom's Work #: _____ Dad's Work #: _____

Email: _____ Emergency Name/Phone: _____

Medical Information: For the safety of your child, if there are any medical conditions we should be aware of, the participant or a parent of the participant should talk to the Pool Cashier or Manager. We do serve snacks at pool special events, please check with the Pool Cashier on the day of the event on any food allergies. **LIST ALLERGIES:** _____

Individual: \$50 R / \$65 NR Sr. Citizen: \$45 R / \$60 NR Sr. Citizen Couple: \$75 R / \$90 NR Babysitter: \$15
 Family: \$95 R / \$110 NR Family Wading Pool: \$70 R / \$85 NR Add'l Family Member (after 6 members): \$5

All Blanks must be completed						
Participant FIRST Name	Participant LAST Name	New Key Fob Number	Old Key Fob?	Relationship (mom/dad/son/daughter)	Date of Birth	Age
1. (Adult)			Yes / No			ADULT
2. (Adult)			Yes / No			ADULT
3. (Child)			Yes / No			
4. (Child)			Yes / No			
5. (Child)			Yes / No			
6. (Child)			Yes / No			
Add'l family \$5			Yes / No			
Add'l family \$5			Yes / No			
Babysitter for family (\$15 additional)						

The definition of a family is 2 adults and 4 children living at the same address year-round. A babysitter may be added for \$15.00, but must be at the pool for the purpose of watching the kids for the pass to apply. The babysitter pass can be used by whomever is babysitting the children that day. Other relatives such as grandparents, nieces, nephews, aunts & uncles must purchase their own season pass.

I have read the above and understand the definition of a family pool pass and the names I have listed qualify for family pass. Signed: _____

Staff notes & comments on any variances:

Date taken _____ Cashier/Office staff approval _____ Waiting for approval from Marge K. _____

May we call you to donate food or drink for a special event at the pool? Yes No

"Mark up": Add \$1 or more to your total fees to help provide assistance for those unable to afford the pool pass.

"Mark up" \$ _____

Scholarship applications must be submitted in person at the Park & Recreation Office.

Total \$ _____

Method of Payment Cash _____ Credit cards will only be taken online or in person at Park & Recreation Office due to
 Credit Card _____ Check# _____ security reasons. **No registration should be mailed with credit card information.**

Authorization to participate and for Emergency Medical Treatment

I hereby register myself/my child and family to participate in activities/class and to swim at the pool. In granting permission, I recognize that such activity may be hazardous and injury or accident may occur as a result of direct or in-direct participation. Therefore, I agree to release the City of Monroe, it's employees, agents and volunteer aids from liability as a result of accidents incurred while participating in the activity/class.

Participant or Parent/Guardian Signature: _____ Date: _____