

POOL PASS – SUMMER 2025

ACCOUNT HOLDER NAME(GUARDIAN): _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Have you previously had a pass? _____

Do you still have your tags? _____

What type of pass are you purchasing? Check one below.

FAMILY ____ FAMILY PLUS ____ DAYCARE ____ SENIOR ____ 20 PUNCH ____ INDIVIDUAL ____

EMERGENCY CONTACT (not account holder): Fill out info below.

NAME _____ PHONE _____

PASS MEMBERS:

NAME	DATE OF BIRTH	TAG NUMBER	DAYCARE TAG #

PARENT / GUARDIAN SIGNATURE SIGNATURE/AUTHORIZAION FOR MEDICAL TREATMENT:

DATE _____

I / WE, THE PARENT /GUARDIAN OF THE ABOVE PARTICIPANT, GIVE MY / OUR PERMISSION TO PARTICIPATE AT THE SLATER MUNICIPAL POOL. I / WE UNDERSTAND THAT THERE IS SOME INHERENT RISK INVOLVED WITH THIS ACTIVITY AND THAT NOT ALL INJURIES CAN BE PREVENTED. THEREFORE, I DO HEREBY WAIVE, RELEASE, AND AGREE NOT TO HOLD THE ORGANIZERS, SPONSORS, SUPERVISORS, CITY OF SLATER, EMPLOYEES OR OFFICIALS, OR ANY VOLUNTEERS LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY.

I UNDERSTAND THAT NO CHILD (ages 9 & under) SHOULD BE AT THE POOL BY THEMSELVES.

DATE _____

RECEIVED ON _____ RECEIVED BY _____

CHECK NUMBER _____ AMOUNT _____