

City of Slater Pool Pass Summer 2026



info@slateriowa.org
(515) 685 - 2531
101 Story St, Slater, IA 50244

Contact Information

Name:

Address:

Phone Number: - -

Email:

Have you previously have a pass? Yes / No If so, do you still have your tags? Yes / No

What type of pass are you purchasing? (circle one)

20 Punch Tickets Individual Family Family Plus Daycare Senior

Emergency Contact (not account holder):

Name:

Phone Number: - -

Pass Member Name(s)	Date of Birth	Tag #	Daycare Tag #

Parent/Guardian Signature Authorizing Medical Treatment

.....
Signature

I/We, the parent(s)/guardian(s) of the above participant(s), give my/our permission for them to participate at the Slater Municipal Pool. I/we understand that there are inherent risks involved with this activity and that not all injuries can be prevented. Therefore, I/we hereby waive, release, and agree not to hold the organizers, sponsors, supervisors, the City of Slater, its employees or officials, or any volunteers liable for any injuries that may occur during this activity.

I/we understand that no child age 9 or under is permitted to be at the pool without supervision.

.....
Signature

For Office Use Only:

Date Submitted: / /

Date Paid: / /

Accepted by: