



**Aquatic Center Pass & Emergency Contact Information**

Season Pass # \_\_\_\_\_

Last Name	First Name	Date of Birth	Allergies or Medical Issues
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Information:

Phone \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact Information:

Name	Home Phone #	Mobile Phone #	Work Phone #
_____	_____	_____	_____
_____	_____	_____	_____

In extreme emergency, if parent/guardian cannot be reached, may the city pool manager on duty have permission to seek medical treatment for the individuals listed above?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not what do you wish for us to do?

Furthermore we acknowledge:

- 1) The above named individuals are of our immediate family (mom, dad, son, daughter) living in the same household.
  - 2) Children 7 & under are not permitted to be at the pool without supervision 14 years of age or older that is watching them.
  - 3) The pool phone is for emergency use only. Pick up arrangements need to be made with your child at drop off.
- There will only be pages made in the event of emergency.

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_