



Pass ID#

# City of Safford – Swimming Pool 2020 Season Pool Pass Form

**Please print. All information is required.**

### Name for Pass Use:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Name** (if different than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Season Pool Passes

- Adult Lap Fee \$25 for season
- Adult Pass Fee \$75 for season
- Youth Pass Fee \$50 for season
- Family Pass Fee \$125 for season How many in household? \_\_\_\_\_

### Names and Ages of each family member in household for family pass

Name of Mother/Guardian: \_\_\_\_\_

Name of Father/ Guardian: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name of child: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_

*I allow my child and/or myself to participate in this program. We release the City of Safford and its employees of any liability, claims or demands which we may hereafter have as a result of participating in recreational activities, using recreational facilities or being transported to events as part of this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my child's and/or my own physical condition is satisfactory to participate in physically demanding activities. I am at least 18 years of age.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Make checks payable to City of Safford

Total Paid: \$ \_\_\_\_\_

Payment method:

- Cash
- Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Date: \_\_\_\_\_