

# Pool Season Pass

## Richland Center Parks & Recreation Department

1050 N. Orange Street, Richland Center, WI 53581 (608) 647-8108 www.richlandcenter.com

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Daytime #: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Medical Information: If there are any medical conditions we should be aware of, please notify the Pool Coordinator.

Emergency Contact: Name/Relationship/Phone #: \_\_\_\_\_

Circle Type of Pass Applying for:      Individual Resident: \$35      Family Resident: \$65  
    Individual Non-Resident: \$45      Family Non-Resident: \$75

Names of Family Members (must live in the same household)	Age
Family Babysitter's Name	

\*\*Please make checks payable to the Richland Center Parks and Recreation Department\*\*  
 Pool Passes will be sent to you by mail or you can pick them up at the Community Center Office,  
 Monday-Friday, 8am-5pm

**Waiver of Liability**

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

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

Payment date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_