



SWIM PASS APPLICATION

Spring 2017

Valid March 1 – June 10, 2017

(Closed 3/18, 4/10-4/17, 5/27 & 5/29, and 5/12 closed only from 7:00-9:00 PM)
Special Holiday Hours April 10 and 12 – Family Swim 2:00-4:00 and Lap Swim 4:00-6:00

Name of Parent/Guardian _____ Birth Date of Parent/Guardian _____

Address _____ E-mail Address _____

City, State, Zip _____

Day Phone _____ Mobile _____ Evening _____

| SWIM PASS | RESIDENT | NON-RESIDENT |
|--------------------|-------------------------------|-------------------------------|
| Child (17 & under) | <input type="checkbox"/> \$24 | <input type="checkbox"/> \$29 |
| Family Pass | <input type="checkbox"/> \$59 | <input type="checkbox"/> \$71 |

List Immediate Family Only!

(MOTHER, FATHER and CHILDREN who live in your house. In-laws & extended family members do not qualify.)

There is a limit of 6 household members per family swim pass. Additional members are \$10.00 each.

A list of pass holders will be kept at the pool.

| First Name | Last Name (if different) | Age | Birth Date | Grade | M/F |
|------------|--------------------------|-------|------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

ADULT SIGNATURE REQUIRED!

I hereby understand that I/or my child has registered to participate in a program sponsored by the Menomonee Falls Community Education & Recreation Dept. I understand that participating in this activity has some inherent risk and I assume full responsibility for injuries incurred while participating in this program. I understand that photos may be taken of myself or my child and used for promotional purposes.

PLEASE NOTIFY US IF YOU OR YOUR CHILD HAS ANY SPECIAL MEDICAL CONDITIONS OR NEEDS.

Parent/Guardian Signature _____ Date _____