## Willard City Pool

## 2023 APPLICATION FOR “IMMEDIATE FAMILY”

## SEASON MEMBERSHIP FORM

NAME(PARENT/GUARDIAN): PHONE:

ADDRESS: EMAIL:

EMERGENCY CONTACT: PHONE:

LIST IMMEDIATE FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD WHOSE NAMES ARE TO APPEAR ON PASS (READ BELOW). INCLUDE CHILDREN AGES 2 AND UNDER, EVEN THOUGH YOU WILL NOT BE CHARGED FOR THEM:

### FULL NAME AGE FULL NAME AGE

Membership passes shall be used by the owner only. No owner shall lend, borrow, or sell his/her membership to anyone. Violators will lose swimming privileges. No refunds will be made to anyone abusing the swimming rules or membership privileges. Member passes will be saved on the pool computer. Upon entry to the pool, you will need to enter your membership number.

**Immediate family members currently living in your household are the only persons allowed to be listed on your family membership**. Parents/Guardians who do not have full-time custody of a child may include them on a pass granted they provide documentation. For children ages 6 and under, there is no charge. *But*, if a child turns 7 during the summer, they must begin paying. ***All children must be 21 or younger to be on the pass. Pass holders 18 or older must present a valid ID to verify residence*.** Pass holders may occasionally be required to sign their name and pass number for verification purposes upon entering the pool. Always be prepared to provide your pass number upon entry.

I, , certify that the persons named above are members of my immediate family living in my household.

SIGNATURE OF ADULT: DATE:

FEE: $ (payable to the City of Willard) MEMBERSHIP #

SEASON FEES PRE-SEASON FEES:

SINGLE $55.00 SINGLE $50

DOUBLE $75.00 DOUBLE $70

FAMILY PASS OF 3 or 4 $100.00 FAMILY PASS OF 3 OR 4 $95

FAMILY PASS OF 5 $115.00 FAMILY PASS OF 5 $110

FAMILY PASS OF 6 $130.00 FAMILY PASS OF 6 $125

FAMILY PASS OF 7 $145.00 FAMILY PASS OF 7 $140

FAMILY PASS OF 8 $160.00 FAMILY PASS OF 8 $155

For questions, contact the Park & Rec Department at (419) 935-1654

For office use only

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_

Cashier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_