

Wethersfield Parks & Recreation Department

505 Silas Deane Highway, Wethersfield, CT 06109 Phone: (860) 721-2890 wethersfieldct.gov/recreation

Pool Pass Registration Form**HOUSEHOLD CONTACT INFORMATION – ALL INFORMATION MUST BE COMPLETED**

Adult First Name _____ Last Name _____

Adult First Name _____ Last Name _____

Street Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Emergency Contact _____ Relationship _____ Phone _____

PLEASE PUT A CHECK MARK NEXT TO THE POOL PASS BEING PURCHASED****New Year Round Pool Pass can be used at Mill Woods, Willard and Backman Pools****

<i>Individual Summer Pool Pass</i>	\$40	<input type="checkbox"/>	Individual Pass – First & Last Name	Age	DOB
<i>Individual Year Round Pool Pass (on or before 5/27)</i>	\$70	<input type="checkbox"/>			
<i>Individual Year Round Pool Pass (on or after 5/28)</i>	\$75	<input type="checkbox"/>			

<i>Family Summer Pool Pass</i>	\$65	<input type="checkbox"/>	<i>Family Year Round Pool Pass (on or before 5/27)</i>	\$110	<input type="checkbox"/>	<i>Family Year Round Pool Pass (on or after 5/28)</i>	\$120	<input type="checkbox"/>
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	Family Pass - Name	Age	DOB	Family Pass - Name	Age	DOB
Adult 1						
Adult 2						

WAIVER - READ CAREFULLY AND SIGN BELOW

I acknowledge there are certain risks in participating in a recreational activity and agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency, medical care on behalf of myself and/or child. (Medical approval is suggested for those participating in any exercise class.) I further agree I will not hold employees of the Town of Wethersfield or its agents liable for any injuries which I and/or my child may encounter. I grant permission for transportation in authorized vehicles for Parks & Recreation activities. I grant permission for photographs to be taken for department publicity unless otherwise noted in writing. In addition, I acknowledge all household information provided is true and accurate. The Parks & Recreation Department may request further verification regarding the information provided.

Adult Signature: _____ Date _____

PAYMENT INFORMATION (A separate form of payment is required for the pool pass if also registering for programs)Payment Type: Check # _____ Cash _____ Credit Card**Donation for camp fund** (Provides assistance for families unable to afford program fees for summer camp.)**Pool Pass Subtotal** \$ _____**Donation** + _____
(optional)Credit Card Signature _____ Date _____ **Total Amount** \$ _____

I agree to pay the total amount according to the cardholder agreement. Please refer to refund policy in brochure.

 Visa Mastercard Discover _____ - _____ - _____ - _____ Exp. Date ____/____