



2019 Pool Registration Form

<http://cityofstorycity.org/pool-3/>

<input type="checkbox"/> Single \$65	<input type="checkbox"/> Family \$150 (2 adults + dependents)
<input type="checkbox"/> Family + 1 \$180 (2 adults + dependents and one set additional person)	<input type="checkbox"/> Punch Card \$35 (10 punches)
<input type="checkbox"/> Day Pass Users	

I have my scan cards from last season Yes No

Checks Payable to "City of Story City"

Head of Household Last Name	First Name	M.I.	Gender M / F	Birth date ____/____/____	
Street Address		City, State		Zip Code	Home Phone
Cell Phone		Work Phone		Other Phone	
Emergency Contact		Relationship to participant		Work Phone	Cellular/Other Phone
E-Mail Address					
Family Physician Name		Physician's Phone Number		Choice of Hospital	

All participants listed on my pass are my legal dependents and I understand that I may be asked to provide proof. Yes No
Intitals _____

2nd Parent or Guardian	Birthdate ____/____/____	Gender M / F	Dependent 3	Birthdate ____/____/____	Gender M / F
Dependent 1	Birthdate ____/____/____	Gender M / F	Dependent 4	Birthdate ____/____/____	Gender M / F
Dependent 2	Birthdate ____/____/____	Gender M / F	Dependent 5	Birthdate ____/____/____	Gender M / F
Plus 1 Full Name	Birthdate ____/____/____	Gender M / F	Phone	Parents/Guardian if under 18 applicable	

*******THIS WAIVER MUST BE SIGNED TO PARTICIPATE IN THIS PROGRAM*******
PLEASE READ CAREFULLY AND SIGN

The above mentioned have my permission to participate in the Story City Pool program. I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims to damages I may have against the City of Story City, their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my child at said recreation program. I release the right for the Story City Pool staff to seek medical attention for myself or child in the event of an emergency. I agree to follow all Story City Pool rules. I also understand that photographs may be taken and used for future program publicity.

Parent/Guardian Signature: _____ **Date:** _____

Plus 1 Signature (Parent/Guardian if under 18) _____ **Date:** _____

