

Arbuckle Parks and Recreation District
Pool Pass Registration Form

Family Name _____

Family Members:

Name _____ Age _____ Date of Birth _____ Cost
\$250

Name _____ Age _____ Date of Birth _____ Cost
\$0

Name _____ Age _____ Date of Birth _____ Cost
\$0

Name _____ Age _____ Date of Birth _____ Cost
\$0

Name _____ Age _____ Date of Birth _____ Cost
\$50

Name _____ Age _____ Date of Birth _____ Cost
\$50

Father Name _____ Mother Name

Home Phone _____ Work/Cell Phone

Address

Email
Address _____

Fees: \$250/family (good for up to a family of four) each additional family member \$50/each
(Please make checks out to Arbuckle Parks and Recreation District or APRD)

There are no refunds for programs after the first day. Refunds that are given will have a \$5.00 or 15% sir charge, whichever is less.

There are no make-ups unless something unexpected occurs with the facility

Emergency Information- Authorized persons to be called in case of an emergency

Name _____
Phone _____ Relationship _____

Name _____
Phone _____ Relationship _____

Health Insurance Company _____

Family Physician _____ Address _____

Phone _____

I hereby certify that the above named child is in normal health and is capable of participating safely. I understand that

Participants agree to release all liability and hold the Arbuckle Parks and Recreation harmless. I give my permission for the

above child to participate. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or

Doctor of Dentistry. I understand that my child participates at his/her own risk.

Parent/Guardian

Signature _____

Fee _____ Method of Payment _____ Receipt # _____