



Arbuckle Parks & Recreation District **FAMILY POOL PASS — Registration Form**

Family Name _____

Family Members *(Must reside in the same household)*

- 1. Name _____ Age _____ Date of Birth _____ Cost \$150
- 2. Name _____ Age _____ Date of Birth _____ Cost \$0
- 3. Name _____ Age _____ Date of Birth _____ Cost \$0
- 4. Name _____ Age _____ Date of Birth _____ Cost \$0
- 5. Name _____ Age _____ Date of Birth _____ Cost \$25
- 6. Name _____ Age _____ Date of Birth _____ Cost \$25

Father Name _____ Mother Name _____

Home Phone _____ Work/Cell Phone(s) _____

Address _____

Email _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION

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 District 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 _____

Please make checks payable to: Arbuckle Parks and Recreation District or APRD.
Family members must reside in the same household. No Refunds.

Fees: **Family Pass** (Up to a Family of Four) - **\$150** **Each Additional Family Member - \$25**

Fee _____ Method of Payment _____ Receipt # _____



Arbuckle Parks & Recreation District

INDIVIDUAL POOL PASS — Registration Form

Name _____

Father Name _____ Mother Name _____

Home Phone _____ Work/Cell Phone(s) _____

Address _____

Email _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION

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 District 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. Please note that Coaches are not responsible for transportation to and from games or practices.

Parent/Guardian Signature _____

Please make checks payable to: Arbuckle Parks and Recreation District or APRD.
No Refunds.

Fees: **Individual Pass - \$50**

Fee _____ Method of Payment _____ Receipt # _____