

INFORMATION FOR SWIMMING POOL SEASON PASS

PASS IDENTIFICATION:            ADULT            CHILD            SENIOR            FAMILY

**INDIVIDUAL**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER M F

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

\*Gender information for statistical purposes only.

<b><u>FAMILY</u></b>	<b>NAMES</b>	<b>AGE</b>	<b>GENDER</b>	<b>ALLERGIES</b>
	_____	_____	M / F	_____
	_____	_____	M / F	_____
	_____	_____	M / F	_____
	_____	_____	M / F	_____
	_____	_____	M / F	_____
	_____	_____	M / F	_____

\*Gender information for statistical purposes only.

**EMERGENCY INFORMATION**

DAY TIME PHONE OF PARENT OR GUARDIAN

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ADDITIONAL EMERGENCY INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

I, undersigned, hereby release, discharge, and agree to hold harmless the City or Lampasas, all sponsors and co-sponsors, their agents, employees, officers, and successors from all liability, claims or actions which I, my heirs, executors, administrators, or assigns may have or claim to have against any of them arising from any personal injuries or other claims connected therewith, whether known or unknown, or injuries to other persons or to property caused by or arising out of any actions I or my child might take relating to any pool activities or events.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_