

PASS NUMBER _____

**VILLAGE OF MONTFORT
POOL PASS REGISTRATION**

Family/Individual Last Name(s): _____

Street Address: _____

City, State: _____

Phone number: _____ Phone Number: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

Please circle one: * Single: \$80.00 * Family: \$125.00

Family passes are for immediate family only.

Please make checks payable to: **VILLAGE OF MONTFORT**

<u>IMMEDIATE FAMILY HOUSEHOLD MEMBERS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>

****Any misuse or false information on this form will result in revocation of privileges****

WAIVER

I understand that the Village of Montfort, its public officials, members and lifeguards are in no way liable for any accidents or injuries to my child/children while they are participating in activities at the Village pool. I know that my child/children are/is in good physical condition and am not aware of any condition which would prevent his/her participating at the swimming pool. **I have received a copy of the Swimming Pool Rules and Regulations.**

Signature: _____ **Date:** _____

(Parent, in signing, is authorized to act on behalf of both parents.)

Office Use Only:

Amount Paid: _____ Cash Check # _____ Issued By: _____