

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 Pass: \$55.00** * **Senior Pass: \$45.00 (55+)**
 * **Family Pass: \$130.00**

Add on: * **Babysitter: \$10.00 (only 1 per family pass and valid only while babysitting)**
 * **Additional Family Member: \$35**
 Family passes are for immediate family only and limit to 4 members.
 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: _____