

## 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: \$50.00**                      \* **Senior Pass: \$40.00 (55+)**  
                                  \* **Family Pass: \$125.00**

**Add on:    \* Babysitter: \$10.00 (only 1 per family pass and valid only while babysitting)**

**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.)

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Office Use Only:

Amount Paid: \_\_\_\_\_ Cash    Check # \_\_\_\_\_ Issued By: \_\_\_\_\_