

Anderson Dean Park  
Aquatic Season Pass  
Application

Type of Pass: Individual \$75 per person  
Name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Please list all individuals that applicant is paying for. All individuals must present Pool Pass ID card prior to entering Aquatic Center.

<u>Name</u>	<u>Date of Birth</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

By signing below, I accept full responsibility for all and will abide by all the Rules and Regulations of the Anderson Dean Park. This season pass is issued to the individual listed and may not be transferred. I also understand that any violation of pool policies may result in revocation of season pass with no refund of any money paid. I also understand the possible hazards connected with pool usage, and waive, release, absolve, and agree to hold blameless the Anderson Dean Park and its employees, organizers, sponsors, and supervisors for any claims arising out of injury to myself or other persons listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Received By