## **Aquatic Center Admission Form**

Parks and Recreation has changed the structure of our season passes. Please check type of membership you are requesting. All members must be written on this form for their Season Pass to be issued. Each person listed will have their own card. If they have a card from previous years, that membership can be changed. Card will still be valid. Please remember that children can only dial local numbers (563-422-XXXX) on the house phone. Reminder—Children 7 years and younger must be accompanied by a responsible person of at least 12 years of age and that person must stay within arm's reach of your children.

| years of age and tha                    | at person must stay within arm's   | reach of your children. |
|---|--|-------------------------|
| ☐ Season Pa                             | ss for 1 member under age 6 - \$:  | 525                     |
| ☐ Season Pa                             | ss for 1 member over age 6 - \$75  | 5                       |
| ☐ Season Pa                             | uss for 2 members ~ \$140  |                         |
| ☐ Season Pa                             | ass for 3 members ~ \$150  |                         |
| ☐ Season Pa                             | uss for 4 members ~ \$160  |                         |
| ☐ Season Pa                             | ss for 5 members ~ \$170   |                         |
| ☐ Season Pa                             | uss for 6 members ~ \$180  |                         |
| ☐ Season Pa                             | uss for 7~10 members ~ \$200   |                         |
|   | 1 Card for person 6 or older - \$45  | 5                       |
|   | 1 Card for person 5 or younger ~   |                         |
| cards are complin                       | is a \$5 charge for each replacementary with initial membership. of card can change from year to | . Consider your cards   |
| Payment Method: (                       | Cash Check #   |                         |
| <b>Emergency</b> Contact                | Name:  | Emergency Phone         |
| Name of <b>Person in G</b>              | Charge of this account   |                         |
| Address                                 |  |                         |
| City, State, Zip                        |  |                         |
| Email Address:                          |  |                         |
| Phone Number:                           |  |                         |
| Family Names on C                       | ards: (Please include first and las  | st names)               |
| 1                                       | /  | Birthdate<br>Birthdate  |
| 2                                       |  | Birthdate               |
| 3                                       | /  | Birthdate               |
| 4                                       | /  | Birthdate               |
| 5                                       | /  | Birthdate               |
| 6                                       | /  | Birthdate<br>Birthdate  |
| 8. ———————————————————————————————————— |  | Birthdate<br>Birthdate  |
| 9.                                      |  | Birthdate               |
| 10                                      |  | Rirthdate               |