

**CAMDENTON AQUATIC CENTER  
SEASON PASS APPLICATION**

Year: \_\_\_\_\_

PAYMENT BY CHECK MADE PAYABLE TO: CITY OF CAMDENTON, MO

TYPE OF PASS (CIRCLE ONE)    FAMILY (\$185)    ADULT (\$80)    CHILD (\$70)

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<b>EMERGENCY CONTACT:</b>	<b>PHONE:</b>
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EMAIL, IF PROVIDED, WILL BE USED FOR BUSINESS RELATING TO CAMDENTON AQUATIC CENTER ONLY, EXCEPT AS REQUIRED BY LAW

**\*REQUIRED FIELDS: FIRST NAME, LAST NAME, AGE, BIRTHDAY, & M/F**

*FIRST NAME	*LAST NAME	*AGE	*BIRTHDAY (MMDDYY)	*M/F

FAMILY = 3-5 MEMBERS; \$25 FOR EACH ADDITIONAL MEMBER

IN CONSIDERATION OF ACCEPTANCE OF APPLICATION, APPLICANT MEMBER AND ALL FAMILY MEMBERS ASSUME ALL RISKS OF PERSONAL INJURY OR PROPERTY DAMAGE, WHICH OCCUR AS THE RESULT OF ANY MEMBER'S PARTICIPATION IN ACTIVITIES AT THE CAMDENTON AQUATIC FACILITY INCLUDED BUT NOT LIMITED TO SWIMMING. MEMBER(S) RELEASE(S) RISKS OF CONDITION OF PREMISES, FACILITIES, AND EQUIPMENT USED FOR SUCH ACTIVITIES. MEMBER(S) RELEASE(S) THE CITY OF CAMDENTON AND THEIR EMPLOYEES FROM ALL CLAIMS, EVEN IF CAUSED BY THE PAST OR FUTURE NEGLIGENCE OF THE CITY OR THEIR EMPLOYEES, EXCEPTING ONLY INTENTIONAL ACTS OR GROSS NEGLIGENCE. I HEREBY APPLY FOR A SEASON PASS FOR THE YEAR 2016 TO THE CAMDENTON AQUATIC CENTER. I AGREE TO COOPERATE WITH THE RULES AND REGULATIONS OF THE AQUATIC CENTER AND CITY ORDINANCES. I HAVE READ THIS APPLICATION AND I HEREBY AGREE TO COMPLY WITH ALL OBLIGATIONS. I ALSO FULLY UNDERSTAND THAT ALL SEASON PASS FEES ARE NON-REFUNDABLE AND VALID THROUGH SEPTEMBER 5, 2016. I AM THE PARENT AND/OR LEGAL GUARDIAN OF ALL MINOR APPLICANTS LISTED ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIPT #: \_\_\_\_\_ AMT. PAID: \_\_\_\_\_ CK or CASH (circle one) DATE RECEIVED: \_\_\_\_\_

NOTES: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_