



# TREMONT AREA PARK DISTRICT

## 2011 Pool Pass Membership Application

\*\*The following information must be filled out completely for each person listed.

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

- Children 2 and under are included free of charge.
- Proof of residency for annual and punch passes is required by showing a valid Driver's License or one other item listed below:
  - Adults: Current month's utility bill, voters registration card, or vehicle registration
  - Youth: Current report card or school picture id
- Annual Passes: Only parents and their children 21 and under living in the same household are allowed on the pass. Once residency is established, a photo will be taken of each individual 3 and over and each person will receive a pool pass. This card must be shown for each entry into the pool. A \$10 fee will be assessed for lost passes. Any misuse of a pass by putting unqualified individuals on the pass or inappropriate admission will result in revocation of the pass and forfeiture of the pass fee. Pass is not transferable.

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Last Name First Name Sex DOB Relationship to Applicant

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**PLEASE READ, SIGN,  
AND DATE**

<u>Resident</u>	<u>Rates if purchased before 3/27</u>	<u>Non-Resident</u>
\$90	One Family Member	\$115
\$20	Each additional family member added	\$25

<u>Resident</u>	<u>Rates if purchased after 3/27</u>	<u>Non-Resident</u>
\$100	One Family Member	\$125
\$25	Each additional family member added	\$40
\$35	10 Punch Pass	N/A
\$5	Daily Rate	\$5
\$3	Senior Citizens	\$3
\$250	Maximum cost per household	\$295

Additional Fee(s) \$ \_\_\_\_\_

Paid Cash or Check # \_\_\_\_\_ Total Fees \$ \_\_\_\_\_

### Waiver and Release

Please read this form carefully and be aware purchasing a pool pass for yourself, your child or ward you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of participating at this pool. As a patron at the pool or the parent/guardian of a patron at the pool, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the pool. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me or my minor child/ward and arising out of , connected with or in any way associated with the pool. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in the Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above Program Details and Waiver and Release of all Claims.

TAPD Additional Pool Terms and Conditions:

1. Street clothes are not permitted in the pool.
2. Toddlers not potty-trained must wear a swim diaper in the pool.
3. Only coast-guard approved life vests are permitted.
4. Pool pass is non-transferrable and non-refundable.
5. Any violation, mis-representation, or falsification will result in forfeiture of membership.
6. Pass must be shown for pool entrance.

I agree that all rules of the pool will be followed by all members of my family, and that any infractions may result in suspension of membership. I understand that information in this form may be shared with other departments in the Village of Tremont. I state that this application contains true and accurate information to the best of my knowledge

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing address: Tremont Area Park District 22522 IL Route 9 Tremont, IL 61568  
 Phone number: (309) 925-3811