



Pool Pass Registration Form

PASS NUMBER
[Empty box for pass number]

	In District	Out of District
_____ 2 and under	free	free <i>(only available with purchase of an additional pass)</i>
_____ 1 person, 3 years and up	\$63	\$94
_____ Family of 2	\$119	\$175
_____ Family of 3	\$175	\$256
_____ Family of 4	\$231	\$338
_____ Additional Member	\$56	\$81 <i>(only available after purchase of Family of 4 pass)</i>

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH

Purchaser Name: _____ Email: _____

Complete Address: _____

Contact Number #1: _____

Contact Number #2: _____

Emergency Contact: _____ Phone: _____

PASS PURCHASER AGREEMENT

1. I understand that pool passes may only be purchased and signed by sponsoring adult 18 years and older.
2. I understand that I am responsible for ensuring that only the pass members on this form use my pass number to enter the pool.
3. I understand that only immediate family members are allowed on this family pass.
4. I understand that I cannot purchase an in-district pass for out-of-district patrons.
5. I agree to follow all facility rules as posted at the pool and that have been provided to me from LCPD staff.
6. I understand that I will provide my last name at the first visit and will receive my pass number then. At subsequent visits, I can provide my pass number or name to staff at the pool desk.

Signature of Purchaser, Parent or Guardian (age 18 & older): _____ Date: _____

OFFICE USE ONLY		
Cash Amount: _____	Check #: _____	Check Amount: _____
Charge Card Amount: _____	Staff Initials: _____	