



# Season Pool Pass Form 2025

<b>PASS NUMBER</b>

	<b>In District</b>	<b>Out of District</b>
_____ 2 and under	free	free <i>(only available with purchase of an additional pass)</i>
_____ 1 person, 3 years and up	\$70	\$105
_____ Family of 2	\$135	\$205
_____ Family of 3	\$200	\$305
_____ Family of 4	\$265	\$405
_____ Additional Member	\$65	\$100 <i>(only available after purchase of Family of 4 pass)</i>

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH

Purchaser Name: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ 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 household members and summer childcare providers will be allowed on this pass. As with all passes, proof of residency will be required. If adding a childcare provider, residency requirements will also apply to the childcare provider.
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. Pass holder will provide last name to gain entry into the facility. If there are multiple last names on a pass, the purchaser's last name will be considered the primary for entry.

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

<b>OFFICE USE ONLY</b>		<b>Registration accepted at: _____ Office _____ Pool</b>	
Cash Amount: _____	Check #: _____	Check Amount: _____	
Charge Card: ___ Visa ___ Master Card ___ Discover ___ Am Ex		Charge Amount: _____	
Registration Form Total: _____		Staff Initials: _____	