

LANCASTER COUNTY
DEPARTMENT OF PARKS AND RECREATION

SWIMMING POOL
GROUP MEMBERSHIP PASS APPLICATION

OFFICE USE Entered By: _____
Amt. Paid: \$ _____ Date: _____
CA \$ _____ CK # _____ CR # _____
CC Auth # _____

Number of Group Passes Desired: _____ Total Number of Individual Passes: _____

Each group pass admits six individual patrons.

Agency: _____ Contact Name: _____

Address: _____

Zip: _____ Telephone: _____ E-mail: _____

501 C 3 Status: Yes () No () Tax I.D. Number _____

Minimum Age of Supervisor: _____ (*We require all supervisors to be at least 16 years old*)

Average Client Age: _____ Supervisor to Client Ratio: _____ to _____

Important Group Considerations: _____

If different members of the group use the pass on a frequent basis, it is the group's responsibility to inform the pool staff in writing of any important medical problems concerning the pass users.

Emergency Contact: (Please complete this essential information)

Name: _____ Telephone: _____

Address: _____ Alternate Phone: _____

Relationship: _____

I hereby apply for a group membership to use the Lancaster County Swimming Pool for the current season. I hereby release the Lancaster County Department of Parks and Recreation, the Lancaster County Commissioners, and/or their respective heirs, assigns, and employees from any liability due to personal or property injury resulting from my or my group's use of the County's pool facilities and amenities. I agree to make each pass available only to members of this group, and to use it on a one visit per-day basis. Any such misuse of this pass may be cause for the revoking or suspension of this group's swimming privileges. I acknowledge that I have read the attached pool and group membership rules. I am aware that membership privileges may be suspended or revoked for violations of rules and regulations, or for falsification of information on this application.

Authorized Adult Signature

Date

Print Name

Title

Original Copy: Park Office

Copy: Pool Office

Copy: Customer