

**LANCASTER COUNTY  
DEPARTMENT OF PARKS AND RECREATION**

**SWIMMING POOL  
SEASON MEMBERSHIP PASS APPLICATION**

Type of membership desired:

<b>OFFICE USE</b>	<input type="checkbox"/> Entered	By: _____
Amt. Paid: \$ _____	Date: _____	
CA \$ _____	CK # _____	CR # _____
CC Auth # _____		
Pass #'s _____		

\_\_\_\_ Individual (age 4 to 64)    \_\_\_\_ Senior (age 65 or older)    \_\_\_\_ Family of 4    \_\_\_\_ Family of 5    \_\_\_\_ Family of 6

**Please note: All children under the age of 4 MUST wear an approved swim diaper.**

**(Note: All family passes allow for a maximum of 2 adults, age 18 or older.)**

**ADULT CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Family Members Receiving Pool Passes: All family members must reside at the same residence.**

NAME: \_\_\_\_\_ Age \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_  
NAME: \_\_\_\_\_ Age \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_  
NAME: \_\_\_\_\_ Age \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_  
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NAME: \_\_\_\_\_ Age \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_  
NAME: \_\_\_\_\_ Age \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_

Additional Child (Add \$18): \_\_\_\_\_ Age: \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_  
Additional Child (Add \$18): \_\_\_\_\_ Age: \_\_\_\_\_ & DOB Required \_\_\_/\_\_\_/\_\_\_ Pass# \_\_\_\_\_

Please make us aware of any medical problems, allergies, etc., that you or other members listed above may have.

Name: \_\_\_\_\_ Note: \_\_\_\_\_

**EMERGENCY CONTACT:** (Please complete this essential information)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Hospital Preference (check one):**

\_\_\_\_ Lancaster Regional    \_\_\_\_ Lancaster General    \_\_\_\_ No Preference

*I hereby apply for a season 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 family's use of the County's pool facilities and amenities.*

*I agree that season membership passes are not transferable and non-refundable. I have read the attached pool rules and I acknowledge that membership privileges may be suspended or revoked for violations of rules and regulations, or for falsification on this application.*

\_\_\_\_\_  
**ADULT SIGNATURE**

\_\_\_\_\_  
**DATE**