

**LANCASTER COUNTY CENTRAL PARK SWIMMING POOL
2018 Season Membership Pass Application**

Type of membership desired:

<input type="checkbox"/> Individual	<input type="checkbox"/> Senior (age 65 or older)	<input type="checkbox"/> Family Pass 4 5 6 7 8
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PLEASE NOTE: A Family Pass is for family members living at the same address and must have at least 1 adult but not more than 2 adults. An adult is anyone 18 years and older; a child is anyone age 3-17. Children under age 3 do not need to be included on the pass; however, they must wear both a swim diaper and plastic pants to enter the swimming pool. When you purchase a Family Pass, at no time during the season will you be allowed to add more family members than the number specified on your pass type.

Adult Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Address _____ **City** _____ **Zip** _____
Phone (_____) _____ **Email** _____

Adult/Child Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Child's Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Child's Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Child's Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Child's Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Child's Name _____ Age _____ M ___ F ___ DOB _____/_____/_____
Child's Name _____ Age _____ M ___ F ___ DOB _____/_____/_____

Please make us aware of any medical concerns you or other family members listed above may have.

Note: _____

Name: _____

Emergency Contact: *May not be someone listed on this pass.*

Name: _____ Phone: _____

Hospital Preference (check one):

UPMC Pinnacle Lancaster
 UPMC Pinnacle Lititz
 Lancaster General

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.

Signature _____
Date

All passes are non-transferrable and non-refundable.