

Pass #: _____



W.T. Morris Memorial Swimming Pool
APPLICATION FOR 2024 SEASON
DAY CARE SWIM PASSES

Day Care Pass: Provider & up to 6 children \$125
Additional children: _____ X \$20 = _____
Total: _____

**A Day Care membership may consist of the child day care provider & up to 6 children.
An additional \$20 will be charged for each child exceeding the 6 maximum.**

Day Care Name: _____

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

MI Day Care License #: _____ License Expiration Date: _____

I understand all participants will abide by all pool rules and I assume all responsibility of those children in my care. I am solely responsible for procuring all authorizations/permissions for children in my care and will be present during the pool session.

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated with swimming in the public pool.

Signature: _____

Date: _____