



Pass #: _____

W.T. Morris Memorial Swimming Pool

APPLICATION FOR 2024 SEASON INDIVIDUAL / FAMILY SWIM PASSES

Individual - \$60

*Family - \$125

*Family: A family membership may consist of up to 2 adults & up to 4 immediate dependents living in the same household/same address. Full-time students living at home can be included as a dependent under a family membership.

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Individual Member / Family Members

1.	_____	_____	_____	_____
	Last Name	First Name	Date of Birth	Age
2.	_____	_____	_____	_____
	Last Name	First Name	Date of Birth	Age
3.	_____	_____	_____	_____
	Last Name	First Name	Date of Birth	Age
4.	_____	_____	_____	_____
	Last Name	First Name	Date of Birth	Age
5.	_____	_____	_____	_____
	Last Name	First Name	Date of Birth	Age
6.	_____	_____	_____	_____
	Last Name	First Name	Date of Birth	Age

Emergency Contact Information (For Individual Pass)

Emergency Contact Name: _____

Relationship: _____

Phone: _____

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: _____