



Monroeville Community Pool 2018 POOL MEMBERSHIP

Last Name: _____

| | NAME (First/Last) | GENDER | AGE/MEDICAL CONCERNS | PASS TYPE |
|---|-------------------|--------|----------------------|-----------|
| Parent/Guardian | 1. | | | |
| Parent/Guardian | 2. | | | |
| <i>All pass holders must reside at house hold address</i> | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |
| Please Print Legibly | 7. | | | |
| | 8. | | | |

Household Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number/Parent Name: _____

Emergency Contact:

First, Last Name: _____ Home Number: _____

The undersigned individual, (parent or guardian if under age of 18) represents that the registrants is in good health and can participate in activities and with prior knowledge of the physical nature of the activity releases Monroeville Department of Recreation and Parks, Municipality of Monroeville, and the Gateway School District from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participation in the activity. The parent, guardian or participant assumes all risks inherent in the activity and will hold the Monroeville Recreation Department, Municipality of Monroeville, and the Gateway School District harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Monroeville Department of Recreation and Parks to use photographs of the participants for the promotion of Monroeville Recreation and Parks events and programs. The participants agree to hold Monroeville free and harmless from liability of any nature.

***PARENT SIGNATURE** _____

Date _____



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