

# Omro Family Aquatic Center

## 2016 Season Pass and Pool Activity Registration

\_\_\_\_\_  
 Name (head of household/legal guardian)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Home Phone #

\_\_\_\_\_  
 Cell Phone #

|                              |
|------------------------------|
| Staff only                   |
| ___ Check (Check # _____)    |
| ___ Cash                     |
| Total Amount Collected _____ |

### Please check one of the following:

|  |   |
|--|---|
| Individual Resident Pass - \$40.00             | Family Resident Pass - \$90.00 for a family of four each additional family member +\$10   |
| Individual Non-Resident Pass - \$55.00         | Family Non-Resident Pass - \$110 for a family of four each additional family member +\$10 |
| Lap Swim Punch Card - \$10 for a 10 punch card | Water Aerobics - \$15 for 10 punch card   |

For family season passes:

Please indicate the names of all family members to be listed on family pass. **Immediate family** members only!  
 Father/mother/children living under one roof (No babysitters, cousins, neighbors, dogs, grandparents, etc...)

| First & Last Name | Birthdate | First & Last Name | Birthdate |
|-------------------|-----------|-------------------|-----------|
| 1.                | / /       | 2.                | / /       |
| 3.                | / /       | 4.                | / /       |
| 5.                | / /       | 6.                | / /       |
| 7.                | / /       | 8.                | / /       |

#### Waiver for Participants:

In consideration of the acceptance of myself or my children's enrollment in this activity, I hereby waive for myself or my child, my heirs, and assigns, all claims for damage which I might have against the instructor, Omro Parks and Recreation Department, or city, or any other participating agency and their employees for any and all injuries which I might receive during this activity. I further understand that the Omro Parks and Recreation Department does not carry medical accident insurance.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Signature of participant, or if a minor, the participant's parent/guardian)