

Omro Family Aquatic Center
2020 FAMILY Season Pass

Staff Use
___ Check (# _____)
___ Cash
___ Card
Staff Initials: _____

Family Last Name: _____

Address: _____

Phone: (_____) _____ - _____

Please check one of the following based on residency:

City of Omro Resident		Non-Resident	
	Family of 4: \$100.00		Family of 4: \$120.00
	Additional Family Member: + \$10.00 (Age 3 and under are free)		Additional Family Member: + \$10.00 (Age 3 and under are free)

Family passes only apply to immediate family members living at the same address!!

No babysitters, cousins, neighbors, grandparents

List all family members on the pass:

First Name	Age	First Name	Age
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: ____ / ____ / 2020

(Signature of head of household)