

# 2019 Sidney Aquatic Center Season Pass Purchase Form



The Sidney Aquatic Center will open for the 2019 summer season on Saturday, May 25. Purchase season passes at the Sidney City Offices located at 1115 13th Ave. from 8:00 a.m. to 5:00 p.m. , Mon. thru Fri. or at the Aquatic Center after the season begins. Cash, check or credit card accepted.



**NO REFUNDS**

**PAYOR** (individual purchasing pass)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Pass	Type	Cost Tax incl.	* Other	Quantity	Add 3% for credit card	Total
	Child (0 to 5) *	\$52				
	Youth (6 to 18) *	\$68				
	Family *	\$164				
	Adult	\$99	n/a			
	Senior (60+)	\$52	n/a			
					<b>TOTAL</b>	

\* Reduced fees may be available for those who qualify with children. See Pool Manager or City Hall staff.

**FAMILY PASSES:** Family pool passes are: 1) for immediate family members living in the household; or 2) for grandparents who may purchase a family pass for themselves and **one** household of grandchildren.

Immediate family is defined as mother and/or father, children and stepchildren living in one household (children must be 18 and under). Unmarried children, 19-23, may be on the family membership only if the child is a full-time student or is in the military with proper college or military ID. Foster children or other children under the legal guardianship of a member may be added to a family membership by providing a copy of the official court documents awarding the member custody of the child.

Each family member's name and birthday will be on the season pass.

**DISCLAIMER:** I understand that if I misrepresent who is a family member of the household on this pass, I will forfeit my rights, money and pass privileges for the current season. **INITIAL:** \_\_\_\_\_

**RESPONSIBLE PARTY** (individual responsible for members on the pass)

I understand that I (or family members) must comply with all rules and regulations of the Sidney Aquatic Center. I am aware that admission to the Aquatic Center is only by use of my membership card or payment of a daily fee.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Names	Name(s) of all individuals on pass:				*DOB required for pass	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	

**Official City Use Only**

Cash    Check    CC   Amount \$ \_\_\_\_\_   Purchase Date \_\_\_\_\_   Initials \_\_\_\_\_