

2012 SEASON - CLIVE AQUATIC CENTER - POOL PASS REGISTRATION

Household Information

Please Use Ink & Print Legibly

Head of Household Name *(parent/legal guardian)* _____

Address *(no PO box #)* _____ City _____ Zip _____
 ***Addresses are checked and matched with Clive Water bill records for proof of family living at this Clive address

Phone #'s: Home _____ Work _____ Cell _____

Email _____ Emergency Contact/Phone _____

★ Want to receive "text" messages to your cell phone about closures? Yes/Cell Provider _____ No

Additional Comments/Medical Information _____

<u>Pass Holder's Name(s)</u>	<u>Gender</u>	<u>Month/Day/Year</u>	<u>Age (supervision)/Type</u>	
First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2 3-9 10-17 18+	1 nanny per household, Nanny's sold only after primary pass purchased, need waiver before sale Nanny
First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2 3-9 10-17 18+	
First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2 3-9 10-17 18+	
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First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2 3-9 10-17 18+	

- ****Passes are sold by household**** extended family (grandparents, cousins, etc.) may not be added.
- Passes also valid at West Des Moines Valley View & Holiday Aquatic Centers when pass shown at facility.
- **Each** pass holder will receive a photo ID (required); must show pass to enter or be charged daily admission.
- West Des Moines residents must purchase passes through the City of West Des Moines.
- \$5 card reprint and suspension of the lost, old card.



I hereby agree to indemnify and hold harmless the Clive Parks & Recreation Department and City, its agents, commissioners, officers, volunteers and employees ("Released Parties") from any and all liability for personal injuries or damages I may hereafter sustain while participating in Department sponsored activities whether such personal injuries or damages are caused by the negligence of the Released Parties or otherwise, to the full extent permitted by law. I understand that there are inherent risks in participating in these activities. I also give my permission for any photos/videos of these activities taken during the facility open hours to be used for future departmental promotional materials. The individuals mentioned on this form, have my express permission to engage in swimming activities at the Clive Aquatic Center.

I understand that refunds are not given on season passes for any reason; including weather conditions, ability to use the facility, or conflict with facility guidelines. My signature indicates that I accept the terms and conditions of this sale.

Signature of Head of Household/Parent/Legal Guardian _____ Date _____

Signature of Nanny _____ Date _____
(If nanny 16-17 years old, Nanny's legal guardian must sign.)

Complete for mailed forms only!

Mail:
 Clive Parks & Recreation
 1900 NW 114th St
 Clive, IA 50325

Total to Charge _____

Card Type VISA MASTERCARD DISCOVER

Card Number _____

Exp. Date ____/____

Signature _____



Tax Included	Clive Resident	Clive #, + Nanny	Non-Resident	NR #, + Nanny
1 person	84.80	137.80	121.90	174.90
2 person	116.60	169.60	148.40	201.40
3 person	153.70	206.70	196.10	249.10
4 person	190.80	243.80	243.80	296.80
5 person	227.90	280.90	291.50	344.50
Each Addtl.	37.10	53.00	47.70	53.00

Payment type _____ (circle amount) Date Received _____ Received by _____