

**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 Clive address.

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

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+
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+
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+
First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2 3-9 10-17 18+ Nanny

1 nanny per household. Nanny's sold only after primary pass purchased. Need waiver before sale.

- **\*\*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 114<sup>th</sup> 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 additional	37.10	53.00	47.70	53.00

Payment \_\_\_\_\_ (or circle amount) Check # \_\_\_\_\_ Date Received \_\_\_\_\_ Received by \_\_\_\_\_