

Clive Aquatic Center — Pool Pass Registration 2017 Season

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 _____

Photo Taken	Pass Holder's Name(s)	Gender	Month/Day/Year	Circle Age (supervision)/Type
<input type="checkbox"/> First & Last _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9 10-17 18+
<input type="checkbox"/> First & Last _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9 10-17 18+
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<input type="checkbox"/> First & Last _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9 10-17 18+
<input type="checkbox"/> First & Last _____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	16-17 18+

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

**Pass holders that are between ages 0 and 2 at the beginning of the aquatic season are free of charge but must be listed on this form.*

- **Passes are sold by household** — extended family (grandparents, cousins, etc.) may not be added.
- **Each pass holder** will receive a photo ID (required); must show pass to enter or be charged daily admission.
- Passes also valid at West Des Moines Valley View & Holiday Aquatic Centers when pass shown at facility.
- **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

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

Total to Charge _____

Card Type VISA MASTERCARD DISCOVER

Card Number _____

Exp. Date ____/____/____ CVC/CVV # _____

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 Type: Credit Card Cash *(no \$100 bills)* Check Number _____ Total Payment *(or circle amount above)* _____

Date Received _____ Received By _____ Gift Card Number (if qualifies) _____