MEMBERSHIP NUMBER _____

2024 CITY OF SEDGWICK POOL MEMBERSHIP

Please be aware there will be a daily sign in sheet at the front desk of the pool.
You will be asked to sign in each time you visit the pool.

Please supply the following information. When listing first names of persons to be included on the pass, please indicate if the last name is different from that listed. Your address and phone number are requested in the event we may need to notify someone in the case of an emergency. Babysitters are permitted under the family pass. They are required to stay with the child (ren) they oversee.

NOTE: Family passes allow 2 adults & 4 children.
Each additional child over the allowed four is $15.00 per child.

Type: **SINGLE ADULT** ☐ **SINGLE CHILD** ☐ **FAMILY** ☐ (2 adults 4 children allowed)

Last Name:	First name:	Age:	Last Name:	First name:	Age:
		(___)			(___)
		(___)			(___)
		(___)			(___)
		(___)			(___)

Address: _____ E-mail: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Emergency Contact Information:

_____
Name Address Phone #

Hospital Preference: _____ Doctor: _____
Medical Problems (Who): _____
_____

For office use only: **ALL EMPLOYEES MUST FILL OUT BELOW**

Employee: _____ Date purchased: _____

Amount paid: $40.00 $60.00 $155.00 Family pass each additional child $ 15.00
$ 15.00 x _____ = $_____

Method of payment: Cash $ ____ Check #____

Comments: _____
_____

Forms accepted at Sedgwick City Hall until May 25th, after date, take to the Pool