

POOLPA



# City of Warrenton Pool Pass

Parent / Guardian Consent Form &  
Medical Treatment Authorization

<b>Resident Family Pass (4)</b>	\$100.00
Non Resident Family Pass (4)	\$120.00
<b>Individual Resident Pass</b>	\$70.00
Individual Non Resident Pass	\$90.00
<b>Resident Senior Pass (55+)</b>	\$45.00
Non Resident Senior Pass	\$65.00
<b>Additional Person Pass</b>	\$10.00
<b>10 Day Pass</b>	\$25.00
<b>Pass Reprint</b>	\$5.00

*Resident = living inside the City of Warrenton limits  
(Receives City of Warrenton water bill)*

*Must show proof of residency at time of registration*

Please Print

	For Office Use Only				
	<u>Last Name, First Name</u>	<u>Birthdate</u>	<u>RV</u>	<u>PP#</u>	<u>SI</u>
Adult					
Adult					
Child					

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:** In the event that the above named person is taken to an emergency room or medical care facility in my absence from attendance of the Warrenton Pool at any time during the entire season, any member of the Warrenton Recreation Department, has my consent to authorize treatment for the person by a doctor(s) and / or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my permission for the named above to participate in the pool with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Warrenton Recreation Department, City of Warrenton, all of their officers, employees, and volunteers free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by the City of Warrenton or Recreation Department, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named person while participating at the Warrenton Pool.

I understand that a photocopy of this document shall have the same force and effect as the original.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use Only</i>		
Staff Signature _____	Fee: _____	Date _____