

Aquatic Center Membership form

SEASON SWIM PASSES (Tax included)	Before May 1	After May 1
	Individual (3 years and up)	\$60.00
Double	\$80.00	\$85.00
Family	\$100.00	\$110.00
Caregiver	\$30.00	\$30.00
Senior 55+	\$50.00	\$55.00



Register on-line for Aquatic Center Memberships!
www.cityofclearlake.com
(small on-line registration fee will be charged)

DOUBLE/FAMILY PASS ELIGIBILITY:

Defined as up to 2 generations comprised of immediate family members 3 years and older residing at the SAME address. This would include up to 2 parents (or guardians) and/or their children including full-time college students, children of divorced parents who have joint custody, stepchildren and foster children. It does not include babysitters, ex-spouses or visiting relatives (i.e., adult children, cousins, aunts, uncles, grandparents, etc.) even if living in the same household.

CAREGIVER PASS ELIGIBILITY:

"Caregiver" is defined as an individual age 16 years or older who will be attending the pool with your children. The caregiver need not be related. Only one caregiver per family membership is allowed and must be purchased in conjunction with a family membership.

Each individual, and each person included on a family pass will have their name on a membership list at the Pool. When entering the pool for the day they will give their name to the staff who will record their entry into the facility for that day. At the 1 p.m. opening, season pass holders will be admitted at the south entrance (gate located on 2nd Avenue South) for the first 15 minutes.

MEMBERSHIP FORM

ADDRESS OF PASS HOLDER (S)		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
WORK PHONE	EMAIL ADDRESS	

EMERGENCY CONTACT or Parent Name (if pass holder is a minor)

Name: _____ Phone: _____

Relationship to passholder: _____

FIRST/LAST NAME OF PASS HOLDER (S) <small>(for family pass, list names of all eligible members - do not include anyone 2 yrs or under)</small>	AGE May 2018
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

PLEASE CHECK (✓) PASS CATEGORY	
PURCHASE DATE _____	
SEASON PASSES	
_____ Individual	\$ _____
_____ Family	\$ _____
_____ Caregiver	\$ _____
_____ Senior	\$ _____

CHECKS PAYABLE TO:
 City of Clear Lake, PO Box 185, Clear Lake, IA 50428

For office use only