

Veteran's/WWMS Pool Pass Form

June 2016 – March 2017

Middletown Residents may use this pass for admission to the January-March Rec Swim Program at the WWMS Pool.

Middletown Residents: \$25 a family \$15 an individual Free for Seniors 60+

Non- Residents: \$50 a family \$30 an individual \$30 Senior 60+

PASSES ARE NOT REQUIRED FOR SWIMMING LESSONS

1. Proof of Middletown residency must be provided with completed application: copy of driver's license, real estate tax bill, or utility bill with name and address. P.O. Boxes will not be accepted.
2. Mail or walk in this application with a check to: Middletown Recreation, 61 Durant Terrace
3. Or you may register at Veteran's Memorial Pool.

We cannot process passes online. Six family members maximum.

(1) First Name _____ MI _____ Last _____

DOB: ____ / ____ / ____ Email: _____

Street Address: _____ Town _____ Zip _____

Phone: Home _____ Work _____ Cell _____

FAMILY MEMBERS LIVING IN HOUSEHOLD ~ ALL RESIDING AT THE SAME ADDRESS

(2) Name: _____ DOB: ____ / ____ / ____ gender: ____

(3) Name: _____ DOB: ____ / ____ / ____ gender: ____

(4) Name: _____ DOB: ____ / ____ / ____ gender: ____

(5) Name: _____ DOB: ____ / ____ / ____ gender: ____

(6) Name: _____ DOB: ____ / ____ / ____ gender: ____

MEDICAL RELEASE/PARENTAL PERMISSION FORM:

I hereby give permission for my child to participate in the Middletown Recreation Youth Day Programs. In the event photos are taken I hereby give permission for the Recreation Dept. to use said photos in promotional literature, including but not limited to, social media, brochures and flyers. I understand and agree that recreation programs can be physically demanding but, I feel my child has the physical ability needed to participate. In the event of an emergency and the parent/guardian/or contact person cannot be reached, I hereby give permission for my child to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in this program. A photo static copy of this waiver form with my signature shall be considered as valid as the original. Additionally, the Recreation Department has my permission to take my child on any field trips that are planned for the Summer Recreation Programs. REFUND POLICY: I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Recreation Department (e.g. weather, equipment failure). Cancellations must be made before the program begins however there is a \$25 processing fee for refunds. PARTICIPANT BEHAVIOR RULES: I have read and acknowledge receipt of the participant's behavior rules on page 11 and understand failure to these rules may result in immediate dismissal from camp with no refund fees.



Office use only: Date _____ Staff Initials _____ \$ Rcvd. _____ Cash _____ Check# _____

Credit Card _____ Financial Aid _____ Scanned _____ Packet _____ Bus _____ Concerns _____ Med Form _____