

Season passes are non-refundable and non-transferable. Age 17 and under must be accompanied by a parent or guardian to purchase a season pass.

Boyertown Area YMCA



Confidential Information 2010 Community Pool Season Pass

OFFICE USE ONLY	
Amount Paid \$ _____	Date Paid _____
Payment method: Check # _____	
Payment method: Cash <input type="checkbox"/>	
Charge: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	

NAMES ON SEASON PASS

LAST NAME:

FIRST NAME: (and last name if different)	Birthdate	Employer/School	Occupation	Sex
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F
	/ /			<input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

ADDRESS: Street	City	State	Zip Code
TELEPHONE NO.: Home	Cell	Work	
PARENT'S NAME (if under 18)	PARENT'S TELEPHONE NO. (if different than above)		
PARENT'S ADDRESS (if different than above)	City	State	Zip Code

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE NO.
RELATIONSHIP	

TYPE OF SEASON PASS

_____ **Family** (includes any 4 family members) - \$200 (\$25 per additional person)

_____ **Individual** (ages 6 through adult) - \$100

Special fee for Borough of Boyertown Residents (proof of residency required)

_____ **Family** (includes everyone living in the household) - \$160

_____ **Individual** (ages 6 through adult) - \$80

Special fee for Current Members of the Boyertown Area YMCA

_____ **Family Household Members** (includes everyone currently on your YMCA Household Wellness Membership) - \$160

_____ **Individual** (ages 6 through adult) - \$80 Individual YMCA Members are not eligible for the Family Household special fee

WAIVER OF LIABILITY

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children, which might arise directly or indirectly as a result of participation in a YMCA program. I hereby expressly release, discharge, and hold harmless from any liability whatsoever the Boyertown Area YMCA, Borough of Boyertown and all employees and volunteers in their capacities as representatives of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, and assigns.

Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

(If applicant is under 18 years of age)

PHOTO RELEASE

I hereby authorize the Boyertown Area YMCA to utilize videotape or photograph materials of dependent children, or myself for purpose of promotional materials for the Boyertown Area YMCA programs and services.

Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

(If applicant is under 18 years of age)

CONDUCT

The Boyertown Area YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participant at its sole discretion. The Boyertown Area YMCA also reserves the right to deny or terminate membership, services or participation in all YMCA sponsored programs and deny access to YMCA properties for all registered sex offenders.

Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

(If applicant is under 18 years of age)