

# 2023 Sidney Aquatic Center Season Pass Purchase Form



**NO REFUNDS**

The Sidney Aquatic Center will open for the 2023 summer season on Saturday, May 27 — August 6, 2023. Purchase season passes at the Sidney City Offices located at 1115 13th Ave. from 8:00 a.m. to 5:00 p.m., Mon. thru Fri. or at the Aquatic Center after the season begins. Cash, check or credit card accepted (**there is a 3.25% charge on credit cards**)

**PAYOR** (individual purchasing pass)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Type	Cost Tax incl.	* Other	Quantity	Add 3.25% for credit card	Total
Child (0 to 5) *	\$55				
Youth (6 to 18) *	\$70				
Family *	\$175				
Adult	\$105	n/a			
Senior (60+)	\$55	n/a			
				<b>TOTAL</b>	

**Type of Pass**

\* Reduced fees may be available for those who qualify with children. See Pool Manager or City Hall staff.

**FAMILY PASSES:** Family pool passes are: 1) for immediate family members living in the household; or 2) for grandparents who may purchase a family pass for themselves and **one** household of grandchildren.

Immediate family is defined as mother and/or father, children and stepchildren living in one household (children must be 18 and under). Unmarried children, 19-23, may be on the family membership only if the child is a full-time student or is in the military with proper college or military ID. Foster children or other children under the legal guardianship of a member may be added to a family membership by providing a copy of the official court documents awarding the member custody of the child.

Each family member's name and birthday will be on the season pass.

**DISCLAIMER:** I understand that if I misrepresent who is a family member of the household on this pass, I will forfeit my rights, money and pass privileges for the current season. **INITIAL: \_\_\_\_\_**

**RESPONSIBLE PARTY** (individual responsible for members on the pass)

I understand that I (or family members) must comply with all rules and regulations of the Sidney Aquatic Center. I am aware that admission to the Aquatic Center is only by use of my membership card or payment of a daily fee.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

<b>Names</b>	Name(s) of all individuals on pass:				*DOB required for pass	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	
	_____	Gender _____	DOB* _____	Age _____	Relation _____	

**Official City Use Only**

Cash  Check  CC Amount \$ \_\_\_\_\_ Purchase Date \_\_\_\_\_ Initials \_\_\_\_\_