

# 2026 Sidney Aquatic Center Season Pass Purchase Form



**NO REFUNDS**

The Sidney Aquatic Center will open for the 2026 summer season on Saturday, May 30 — August 2, 2026. 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) *	\$60				
Youth (6 to 18) *	\$70				
Family *	\$180				
Adult	\$110	n/a			
Senior (60+)	\$60	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. **INITIALS:** \_\_\_\_\_

**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 \_\_\_\_\_

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

**Official City Use Only**

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