

2020 Sidney Aquatic Center Season Pass Purchase Form



NO REFUNDS

The Sidney Aquatic Center will open for the 2020 summer season on Saturday, May 23. 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.

PAYOR (individual purchasing pass)

Name _____ Phone _____

Type	Cost Tax incl.	* Other	Quantity	Add 3% for credit card	Total
Child (0 to 5) *	\$52				
Youth (6 to 18) *	\$68				
Family *	\$164				
Adult	\$99	n/a			
Senior (60+)	\$52	n/a			
				TOTAL	
* Reduced fees may be available for those who qualify with children. See Pool Manager or City Hall staff.					
<p>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.</p> <p>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.</p> <p>Each family member's name and birthday will be on the season pass.</p> <p>DISCLAIMER: I understand that if I misrepresent who is a family member of the household on this pass, I will forfeit my rights, mon- ey and pass privileges for the current season. INITIAL: _____</p>					

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 _____