

# WRAY AQUATIC CENTER

240 W. 6th Street, Wray, CO 80758 • 970-332-5346

## Pool Pass Registration Form

### Membership Type:

- Family Pool Pass - up to family of 4 .....\$175 (Regular \$200)  
Each Additional family member, in same household ..... \$15
- Individual Pool Pass..... \$75

*All Access Memberships - Lap Swim, Water Aerobics and Flick & Float are INCLUDED in all memberships.  
\*\*Discounted rate for Family Passes are only valid May 10 & 11, 2023 from 5:00-7:00 PM @ the Roundhouse*

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Primary Member Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

### Additional Family Members

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

Relation to primary person \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

Relation to primary person \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

Relation to primary person \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

Relation to primary person \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

Relation to primary person \_\_\_\_\_

*\* List any additional family members on the back side of this sheet.*

*\*\*All children under the age of 10 must be accompanied by a responsible person 16 years of age or older at all times. No Exceptions.*

**Waiver Statement:** I hereby give my permission for the above named to participate in the swim program with the Wray Aquatic Center, City of Wray. I understand that we are doing so under our own risk and hereby release and forever discharge the City of Wray, its employees, officers, and agents from any injuries or damages arising from participating in this program. I have read and understand this statement.

**Photo Release:** By signing this registration, I grant consent for my minor's photograph to be taken while participating in these swim lessons with the City of Wray, to use and publish photographs of minor in all forms of media including, but not limited to, Wray Aquatic Center newsletter, flyers, Facebook and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release the City of Wray from any claims I may have against it for use of such photographs.

### Pool Staff Use Only:

TANF Funds

Membership ID Number: \_\_\_\_\_ Join Date: 5/29/2023 Expiration Date: 9/15/2023

Date Purchased: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ Initials of Staff Accepting Payment: \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_  
Relation to primary person \_\_\_\_\_

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