



Last Name: _____

Date: _____

Season Pool Pass Application

www.selinsgrovepool.org

Applicant Name: _____

Address: _____

Email: _____

Phone: (H) _____

(C) _____

EMERGENCY INFORMATION

Contact Person: _____

Phone: _____

Pass Type		If purchased before March 31st
_____ Family	\$250	\$225
_____ Single	\$125	\$100
_____ * Senior	\$ 75	\$ 55
_____ ** Babysitter	\$ 30	Same

- Please make checks payable to **SARI** •

* Seniors are 60 years and older.

** The Babysitter pass must be added to a family pass and can only be used when babysitting in the absence of a parent.

FOR OFFICE USE ONLY

Amount Paid: \$ _____

Check # _____ Cash _____

Received by: _____

Date _____

One membership per application. Family memberships are for immediate family* only.

*A family membership is recognized as those individuals living in the same household; however, it does not include grandparents, aunts, uncles, grandchildren, and children older than 18 years of age (except college students).

Please list all members (Including yourself) to be included on the pass.

	Full Name	Age	Relationship	Health Concerns/Allergies
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please **review** the pool rules on the following page and keep rules page for **your reference**.

I have read and understand these rules. I agree **to abide by them** and will review them **with my children**.

Applicant Signature: _____

Please complete and return to **SARI, P O Box 172, Selinsgrove, PA 17870**

If you have any questions, call the pool at 570-884-3500 during pool hours.