## ALL POOL PASSES ARE NON-REFUNDABLE AFTER JUNE 15<sup>th</sup>

Last Name: \_\_\_\_\_

| Solinearovo Aroa                                                                                                                                                  | Date:                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Selinsgrove Area Community Pool                                                                                                                                   | Conson Dool Dogs Application                                                                                                           |
|                                                                                                                                                                   | Season Pool Pass Application                                                                                                           |
| FAMILY FUN SINCE 1968                                                                                                                                             | www.selinsgrovepool.org If purchased before                                                                                            |
| FAMIL                                                                                                                                                             | Pass Type March 31st                                                                                                                   |
| Applicant Name:                                                                                                                                                   | Family of 4 \$250 \$225<br>Add'l Member \$25 \$25                                                                                      |
| Address:                                                                                                                                                          | Single \$125 \$100                                                                                                                     |
|                                                                                                                                                                   | *Senior \$ 75 \$ 55<br>**Babysitter \$ 30 Same                                                                                         |
|                                                                                                                                                                   | •                                                                                                                                      |
| Email:                                                                                                                                                            | <ul> <li>Please make checks payable to SARI •</li> </ul>                                                                               |
| Phone: (H)                                                                                                                                                        | * Seniors are 60 years and older.                                                                                                      |
| (C)                                                                                                                                                               | ** The Babysitter pass must be added to a family                                                                                       |
| (5)                                                                                                                                                               | pass and can only be used when babysitting in the absence of a parent.                                                                 |
| EMERGENCY INFORMATION                                                                                                                                             | <u> </u>                                                                                                                               |
|                                                                                                                                                                   | FOR OFFICE USE ONLY                                                                                                                    |
| Contact Person:                                                                                                                                                   | Amount Paid: \$<br>Check # Cash                                                                                                        |
| Phone:                                                                                                                                                            |                                                                                                                                        |
|                                                                                                                                                                   | Received by:                                                                                                                           |
| A family membership is recognized as those individed grandparents, aunts, uncles, grandchildren, and of the Please list all members (Including yourself) to be in | duals living in the same household; <b>however, it does not include</b> children older than 18 years of age (except college students). |
|                                                                                                                                                                   |                                                                                                                                        |
| Full Name Age                                                                                                                                                     | Relationship Health Concerns/Allergies                                                                                                 |
| 1                                                                                                                                                                 |                                                                                                                                        |
|                                                                                                                                                                   |                                                                                                                                        |
| 4                                                                                                                                                                 |                                                                                                                                        |
| 5. <u>(+\$25)</u>                                                                                                                                                 |                                                                                                                                        |
| 6. (+\$25)                                                                                                                                                        |                                                                                                                                        |
| 7. <u>(+\$25)</u>                                                                                                                                                 |                                                                                                                                        |
|                                                                                                                                                                   |                                                                                                                                        |
| Please <b>review</b> the pool rules on the follow                                                                                                                 | ing page and keep rules page for your reference.                                                                                       |
| I have read and understand these rules. I agree to                                                                                                                | o abide by them and will review them with my children.                                                                                 |
| Applicant Signature:                                                                                                                                              |                                                                                                                                        |
| <del>-</del>                                                                                                                                                      | ARI, PO Box 172, Selinsgrove, PA 17870                                                                                                 |
| If you have any questions, email <u>info@selinsgrovepool.</u>                                                                                                     | org. Or call after May 24 <sup>th</sup> (570) 884-3500.                                                                                |

## ALL POOL PASSES ARE NON-REFUNDABLE AFTER JUNE 15th

## Selinsgrove Area Community Pool Rules

All patrons should read and understand the rules prior to using the property/pool. Rules are also posted at the slide, diving board, and splash pad.

- 1. All questions/comments should be addressed to the front desk or Manager on duty. Do not approach the lifeguard chairs except in an emergency.
- 2. Trash must be appropriately place in trash receptacles located throughout the pool.
- 3. Prohibited on property (including the parking lot & walk path on the hill):
  - a. Tobacco Products of Any Kind, Vaping/E-Cigarettes
  - b. Drugs/Alcohol
  - c. Firearms & weapons of any type
  - d. Glass Containers and Bottles
  - e. Swearing/Derogatory Language
  - f. Any unwanted touching of patrons
  - g. Any inappropriate sexual contact (Inappropriate in PUBLIC)
- 4. Children aged 11 and under must be always supervised by an individual 16 or older. If not potty trained, a **SWIM DIAPER MUST** be worn in the pool and splash pad.
- 5. No running, pushing or horseplay anywhere on the property to include the parking lot.

Safety is our #1 priority. Any violation of the rules could result in level of disciplinary action: warning, benching, or removal from the property without refund will be enforced. The SARI Pool Board and Management reserve the right to add to this list as deemed appropriate. If patrons are behaving recklessly or inappropriately, then the Management reserves the right to restore the environment to a safe and environmental atmosphere.

Food and non-alcoholic drinks are permitted but we do have a concession stand. All food must remain in the grass area, at the tables, or at the pavilion if not in use for a private party.

Be mindful of inclement weather. Selinsgrove Area Community Pool does not offer refunds in the event of a storm delay or closing due to inclement weather.