

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

**NEW - All Access Memberships - Lap Swim, Water Aerobics and Flick & Float are now INCLUDED in all memberships.*

***Discounted rate for Family Passes are only valid May 11 & 12, 2022 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: 6/3/2022 Expiration Date: 9/15/2022

Date Purchased: _____ Check#: _____ Cash: _____

Total Amount Due: _____ Initials of Staff Accepting Payment: _____

Name (Last, First) _____ DOB _____
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