



Circle C Swim Center

Household Pass Form

Adult Last Name (Primary Contact) *		Adult First Name *		DOB* / /	* M / F	
Adult Last Name (Secondary Contact)		Adult First Name		DOB* / /	* M / F	
Residential Address *			Primary Adult E-mail *			
City/State/Zip *			Secondary Adult E-mail			
Day/Work Phone *		Home Phone *		Cell Phone (Optional)		
Additonal Adult living at Residence Last Name		First Name	E-mail		DOB* / /	* M / F
Child Last Name		First Name		DOB* / /	* M / F	
Child Last Name		First Name		DOB* / /	* M / F	
Child Last Name		First Name		DOB* / /	* M / F	
Child Last Name		First Name		DOB* / /	* M / F	

ASSUMPTION OF RISK

PLEASE READ BEFORE SIGNING BELOW

It is understood that some recreational activities including but not limited to, swimming, aerobic exercise, running, and exposure to sunlight involve an element of risk or danger of accidents, skin cancer and/or drowning, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this assumption of risk is to be binding on my heirs, assigns and all persons living in my household.

Print Name _____ Signature _____ Date __/__/__

Office Use Only	Date Processed / /	Registrar Name	Yes / No	
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