



# 2023 Pool Registration Form

<https://apm.activecommunities.com/cityofstorycity/Membership>

**PARKS & RECREATION**

Single \$70       Punch Card \$45 (10 punches)

Family \$160 (5 person family must be immediate family living in the same household)  
**\$20 for each additional family member over 5**

Family of 5 + 1 set person \$195 (5 person family must be immediate family living in the same household + one set additional person) **\$20 for each additional family member over 5**

I have my scan cards from last season  Yes  No

*Checks Payable to "City of Story City"*

Head of Household Last Name	First Name	M.I.	Gender M / F	Birth date ____/____/____	
Street Address		City, State	Zip Code	Primary Phone	
Cell Phone	Cell Phone carrier (for text alerts)		Work Phone		

Emergency Contact	Relationship to participant	Cellular/Other Phone
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E-Mail Address

Medical Conditions or Special Concerns:

**All participants listed on my pass are my legal dependents and I understand that I may be asked to provide proof.**  
 **Yes Initials** \_\_\_\_\_

2nd Parent or Guardian	Birthdate ____/____/____	Gender M / F	Dependent 3	Birthdate ____/____/____	Gender M / F
Dependent 1	Birthdate ____/____/____	Gender M / F	Dependent 4	Birthdate ____/____/____	Gender M / F
Dependent 2	Birthdate ____/____/____	Gender M / F	Dependent 5	Birthdate ____/____/____	Gender M / F
Plus 1 Full Name	Birthdate ____/____/____	Gender M / F	Phone	<b>Parents/Guardian if under 18 applicable</b>	

**\*\*\*\*\*THIS WAIVER MUST BE SIGNED TO PARTICIPATE IN THIS PROGRAM\*\*\*\*\***

**PLEASE READ CAREFULLY AND SIGN**

The above mentioned have my permission to participate in the Story City Pool program. I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims to damages I may have against the City of Story City, their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my child at said recreation program. I release the right for the Story City Pool staff to seek medical attention for myself or child in the event of an emergency. I agree to follow all Story City Pool rules. I also understand that photographs may be taken and used for future program publicity.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Plus 1 Signature (Parent/Guardian if under 18) \_\_\_\_\_ Date: \_\_\_\_\_**

