



2024 Pool Registration Form

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

- Single \$70 Family of 5 \$160 (2 adults + dependents) each additional person will be \$20
 Family of 5 + 1 set additional person \$195 (2 adults + dependents and **one set additional person**)
 Punch Card \$45 (10 punches) Day Pass Users

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
-------------------	-----------------------------	----------------------

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 4	Birthdate ____/____/____	Gender M / F
Dependent 1	Birthdate ____/____/____	Gender M / F	Dependent 5	Birthdate ____/____/____	Gender M / F
Dependent 2	Birthdate ____/____/____	Gender M / F	Dependent 6	Birthdate ____/____/____	Gender M / F
Dependent 3	Birthdate ____/____/____	Gender M / F	Dependent 7	Birthdate ____/____/____	Gender M / F
Plus 1 Full Name	Birthdate ____/____/____	Gender M / F	Phone	Parents/Guardian if under 18 applicable	

*******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: _____