



# BRIARCLIFF POOL

## Season Pass Application

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent or Guardian's Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Please Select Your Program of Interest:

Summer Pass (July through August)

Annual Pass (July 1st to June 30th)

1. Please List any Disabilities, Medications, or Illnesses the Instructor needs to be Aware of (Participants with fever/infections are not allowed in the water!): \_\_\_\_\_

\_\_\_\_\_

2. Has the Participant had a bad Experience in Water before? If yes, please give a brief description.

\_\_\_\_\_

\_\_\_\_\_

By signing below, I acknowledge that I read, completed, and understand the information included in this registration form and the Attendee Liability Form.

Please call 503-556-3777 ext. 409 with any questions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE Section ONLY Below

Program Selected: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_