



MEMBERSHIP NUMBER \_\_\_\_\_

**2021 CITY OF SEDGWICK POOL MEMBERSHIP**

**Please be aware there will be a daily sign in sheet at the front desk of the pool.  
You will be asked to sign in each time you visit the pool.**

Please supply the following information. When listing first names of persons to be included on the pass, please indicate if the last name is different from that listed. Your address and phone number are requested in the event that we may need to notify someone in the case of an emergency. Babysitters are permitted under the family pass. They are required to stay with the child (ren) they oversee.

**NOTE: Family passes allow 2 adults & 4 children.**  
**Each additional child over the allowed four is \$15.00 per child.**

Type: **SINGLE ADULT**  **SINGLE CHILD**  **FAMILY**  (2 adults 4 children allowed)

Last Name:	First name:	Age:	Last Name:	First name:	Age:
_____	_____	( )	_____	_____	( )
_____	_____	( )	_____	_____	( )
_____	_____	( )	_____	_____	( )
_____	_____	( )	_____	_____	( )

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Emergency Contact Information:

_____	_____	_____
Name	Address	Phone #

Hospital Preference: \_\_\_\_\_ Doctor: \_\_\_\_\_

Medical Problems (Who): \_\_\_\_\_

**For office use only: ALL EMPLOYEES MUST FILL OUT BELOW**

Employee: \_\_\_\_\_ Date purchased: \_\_\_\_\_

Amount paid: \$40.00 \$60.00 \$155.00 Family pass each additional child \$ 15.00  
\$ 15.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Method of payment: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

Comments: \_\_\_\_\_

**\*Forms accepted at Sedgwick City Hall until May 27th, after date, take to the Pool\***