

Veteran's/WWMS Pool Pass Form

June 2019 – March 2020

Middletown Residents may use this pass for admission to the January thru March Sunday Rec Swim at the WWMS Pool.

Middletown Resident: \$25 a family \$15 an individual Free for Seniors 60+

Nonresident: \$50 a family \$30 an individual \$30 Senior 60+

1. Proof of Middletown residency must be provided with completed application: copy of driver's license real estate tax bill, or utility bill with name and address. P.O. Boxes will not be accepted.
2. Mail or walk in this application to: Middletown Recreation 61 Durant Terrace
3. Or you may register at Veteran's Memorial Pool. We cannot process passes online. 6 family members max

(1) First Name _____ MI _____ Last _____

DOB: ____ / ____ / ____ Gender: ____ Email: _____ @ _____

Street Address: _____ Town _____ Zip _____

Phone: Home _____ Work _____ Cell _____

FAMILY MEMBERS LIVING IN HOUSEHOLD - ALL RESIDING AT THE SAME ADDRESS

(2) Name: _____ DOB: ____ / ____ / ____ gender: ____

(3) Name: _____ DOB: ____ / ____ / ____ gender: ____

(4) Name: _____ DOB: ____ / ____ / ____ gender: ____

(5) Name: _____ DOB: ____ / ____ / ____ gender: ____

(6) Name: _____ DOB: ____ / ____ / ____ gender: ____

MEDICAL RELEASE/PARENTAL PERMISSION FORM: I hereby give permission for the above registered family member(s) to participate in the Middletown Recreation Programs. In the event photos are taken I hereby give permission for the Recreation Division to use said photos in promotional literature, including but not limited to, social media, brochures and flyers. I understand and agree that recreation programs can be physically demanding but I feel we have the physical ability needed to participate. In the event of an emergency and the parent/guardian/or contact person cannot be reached, I hereby give permission for any registered family member to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in this program. A photo static copy of this waiver form with my signature shall be considered as valid as the original.

REFUND POLICY: I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Recreation Division (e.g. weather, equipment failure).

PARTICIPATION RULES: I agree that I have read and will abide by the Participation Rules.6

Participant/Parent /Legal Guardian Signature _____