



City of Marysville—2020 Municipal Pool Pass Registration

Name _____
 Address _____
 _____ Ohio Zip _____
 Email _____ @ _____
 Phone # _____

Are YOU a resident of the City with Proof of Residency?

Yes No

***Only those who live or work in the city limits are considered residents.**

(Marysville mailing address does not always equate residency)

Season Pool Pass (Children 4 yrs and under do not need a pass)

Print Names for Passes	Pass Number	Relationship	Birthdate of Dependent Children
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

Circle Pass Choice

Municipal Pool	Resident*	15% Discount Valid thru 7/31/20	Non-Resident	15% Discount Valid thru 7/31/20	Active Military Resident	15% Discount Valid thru 7/31/20
Individual	\$100	\$85	\$150	\$127.50	\$90	\$76.50
Family of 2	\$140	\$119	\$180	\$153	\$120	\$102
Each family member age 5+	\$20	\$17	\$20	\$17	\$20	\$17
Senior (60+) or Child Care Provider	\$70	\$59.50	\$90	\$76.50	N/A	N/A
Senior Family of 2 (60+)	\$90	\$76.50	\$115	\$97.75	N/A	N/A

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Release of Claims

I acknowledge that I/we have read, understand and agree to follow the **Admission Regulations and Rules of the Marysville Municipal Pool** and furthermore, as a participant in this and any program of the City of Marysville Parks and Recreation Division, I/we recognize and acknowledge that there are certain risks and I agree to assume all such risks that result in physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the City of Marysville Parks and Recreation Division accepting me or my child's registration, and with the intent to legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Marysville Parks. Furthermore, I promise not to sue the City of Marysville and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of service or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Marysville Parks and Recreation Division. By signing below, I verify and certify that all above is true and accurate.

All request for refunds shall be reviewed by the City Manager or his designee, and any refund shall only be given for just cause.

For Office Use:

Total Amount Due: _____
Payment Type: _____
Processed By: _____
Proof of Residency: _____

Parent or Guardian Signature _____ Date _____