



CITY OF WARREN CAR POOL SEASON PASS APPLICATION

Hours: Monday-Sunday Noon to 6:00

Please return the completed Season Pool Pass Application to the City of Warren Municipal Building, 318 W. Third Avenue, Warren, PA. Please call 723-6300 Ext. 110 if you have any questions.

Type of Pass Requested

Individual Family Family + Nanny 55 and older Group (non-profit)

Head of Household Information (if non-profit group pass, please list name and address of company or contact person). Group passes include up to ten people with an additional fee for extra people.

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Please list all other family members wishing to receive a pass. Each person will receive a pass with their name on it. Please use a separate sheet of paper if additional space is needed.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Family members include 2 adults who are parent(s) and/or guardian(s) and their dependents (up to age 21). All family members **must reside** at the same address.

Please list below the name of the nanny(s) that will be included with your Family Pass.

Please note there is an additional charge for each Nanny Pass, and it must be purchased with your Family Pass.

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Name _____	Phone _____
Address _____	
Relationship _____	Cell _____

Name _____	Phone _____
Address _____	
Relationship _____	Cell _____

I, the undersigned, agree to follow all safety rules posted for participating at the City of Warren CAR Pool and the requests of the lifeguards and employees at the City Pool. I understand that lifeguards are primarily responsible for watching participants while they are in the water and that parents and other child supervisors are responsible for children outside of the water. I agree to hold the City of Warren harmless from all claims, causes of action, and the like arising from or out of attending or being present at the City of Warren CAR Pool.

I understand and agree that children under the age of 9 may be admitted only when accompanied by a paying adult (16 years or older) and the adult must always remain with the child while within the CAR Pool Facility.

I authorize medical treatment for myself and any member of my family that may be recommended by an attending physician in the event of a medical emergency.

The information I have provided is true and correct to the best of my knowledge. I understand that admittance to the pool can be revoked, and all fees forfeited for falsification of information or failing to comply with Pool Rules & Regulations.

Signature _____ Date _____

Please check the City’s Web Site for the Season Pool Pass Rates.

www.cityofwarrenpa.gov/pool

If you require assistance with completing this form or another reasonable accommodation as defined by the American with Disabilities Act (ADA) please contact the City’s ADA Coordinator at 814-723-6300.