



BETHLEHEM RECREATION DEPARTMENT

2155 Main Street, PO Box 189, Bethlehem, NH 03574 (603) 869-3351 ext. 19 BethlehemRecreation.com

BETHLEHEM TOWN POOL
2024 Season Pass Registration

This form must be filled out completely with current information and turned in before the participant will be allowed to hold a Town Pool Season Pass. If some questions do not apply, please indicate with "N/A."

FAMILY INFORMATION

FAMILY LAST NAME HOME PHONE

RESIDENT OR NON-RESIDENT

ADDRESS

EMAIL (primary contact person)

SEASON PASS HOLDER 1:

NAME (First, Last) DATE OF BIRTH PASS FOR A MINOR GRADE COMPLETED
ADDRESS (IF DIFFERENT) CELL OR WORK PHONE

Medical conditions lifeguards need to be aware of:

SEASON PASS HOLDER 2:

NAME (First, Last) DATE OF BIRTH GRADE COMPLETED
ADDRESS (IF DIFFERENT) CELL OR WORK PHONE

Medical conditions lifeguards need to be aware of:

SEASON PASS HOLDER 3:

NAME (First, Last) DATE OF BIRTH GRADE COMPLETED
ADDRESS (IF DIFFERENT) CELL OR WORK PHONE

Medical conditions lifeguards need to be aware of:

SEASON PASS HOLDER 4:

NAME (First, Last) DATE OF BIRTH GRADE COMPLETED
ADDRESS (IF DIFFERENT) CELL OR WORK PHONE

Medical conditions lifeguards need to be aware of:

**SEASON PASS HOLDER - ADDITIONAL PASS 1:**

NAME (First, Last) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_  
ADDRESS (IF DIFFERENT) \_\_\_\_\_ CELL OR WORK PHONE \_\_\_\_\_

Medical conditions lifeguards need to be aware of: \_\_\_\_\_

**SEASON PASS HOLDER - ADDITIONAL PASS 2:**

NAME (First, Last) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_  
ADDRESS (IF DIFFERENT) \_\_\_\_\_ CELL OR WORK PHONE \_\_\_\_\_

Medical conditions lifeguards need to be aware of: \_\_\_\_\_

**EMERGENCY INFORMATION**

PERSON TO NOTIFY IN EMERGENCY (Other than Parent/Guardian) \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY (Other than Parent/Guardian) \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY (Other than Parent/Guardian) \_\_\_\_\_ PHONE \_\_\_\_\_

**Release Of Liability**

**Read the document on the Clipboard Carefully – This Affects your Legal Rights**

**Consent.** I, \_\_\_\_\_, parent/guardian \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, consent to the participation at the Town Pool, and agree on behalf of the above minor to all of the terms and conditions of this Agreement.

By signing this Release of Liability, I represent that I have legal authority over and custody of \_\_\_\_\_.

**I have read the Release Of Liability document and understand it. I further understand by signing this release, I voluntarily surrender certain legal rights.**

\_\_\_\_\_  
Signature Printed Name Date

**MEMBERSHIP TYPE (Please circle)**

	Non-resident	
Family Pass	\$120	
Adult 18+	\$ 60	
Youth (3 - 17)	\$ 50	
Senior 60+	\$ 50	

\*Family Season Pass includes four passes. Any additional pass is \$8 each.

**TOTAL PASSES** \_\_\_\_\_ **TOTAL AMOUNT** \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

PERSON PAYING: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(IF PERSON IS DIFFERENT THAN THE CONTACT PERSONS)

PAYMENT TYPE CHECK # \_\_\_\_\_ CASH TOTAL AMOUNT \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_