



BETHLEHEM RECREATION DEPARTMENT

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

BETHLEHEM TOWN POOL
2021 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 _____

MEMBERSHIP TYPE (*Please circle*)

	Resident	Non-resident
Family Pass	\$ 85	\$120
Adult 18+	\$ 40	\$ 60
Youth (3 - 17)	\$ 30	\$ 50
Senior 60+	\$ 30	\$ 50

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

ADDITIONAL PASS 1 \$8

ADDITIONAL PASS 2 \$8

TOTAL PASSES _____

TOTAL AMOUNT _____

RELEASE CAUSE

I, the undersigned, as the parent or legal guardian of the child listed on this application agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited; to paralyzing injuries and death.

The undersigned hereby releases and holds harmless the Town of Bethlehem, it's Council and any officers, employees or agents thereof from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation in any program by the participant herein. The Bethlehem Town Pool assumes no responsibility for any personal property placed in or about the facility.

The parent/guardian authorizes any representative of the Bethlehem Public Pool to have the participant treated in any medical emergency during their participation in the Bethlehem Town Pool swim lessons or programs. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I also understand that photos are occasionally taken at the Bethlehem Town Pool and that any photo taken of my child may be used for publicity purposes.

I have read and understood, and I agree with the Release Cause outlined above.

Season Pass Holder #1

Season Pass Holder #2

Season Pass Holder #3

Season Pass Holder #4

Season Pass Holder #5

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

PERSON PAYING: _____

PHONE: _____
(IF PERSON IS DIFFERENT THAN THE CONTACT PERSONS)

PAYMENT TYPE CHECK # _____

CASH

TOTAL AMOUNT _____

AUTHORIZED BY _____