

Roland Swimming Pool 2024 Season **POOL PASS** Registration Form

For Office Use Only

Pass Number: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Day): _____ (Night): _____ E-mail: _____

Emergency Contact: _____ Phone: _____

All participants listed on my pass are legal dependents or live in the house full time and I understand that I may be asked to provide proof. Please Initial that you understand _____.

	Last Name	First Name	Age / Gender	Relationship
1.				
2.				
3.				
4.				
5.				
6.				

(\$40.00 for each additional member not part of household)

7.				
8.				
9.				

Please indicate type of pass: _____ Amount \$ _____

*Include payment with form, make checks payable to: City of Roland, P.O. Box 288, Roland, IA 50236

All Pass Rates (Includes Tax)

Kind of Passes	Amount
10 Punch Pass	\$ 35.00
Individual Season Pass for Residents	\$ 60.00
Individual Season Pass for Out of Town	\$ 65.00
Family Passes for Residents	\$ 150.00
Family Passes for Out of Town	\$ 160.00

The above-mentioned have my permission to participate in the City of Roland Municipal pool. I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims to damages I may have against the City of Roland, their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my child at said recreation program. I release the right for the Roland Municipal Pool staff to seek medical attention for myself or child in the event of any emergency. I agree to follow all Roland Municipal Pool Rules. Anyone committing an act of fraud related to this pass shall have their pass revoked.

SIGNATURE: _____ DATE _____ / _____ / 2024

All Pool passes are non-returnable & non-refundable.