

Paid by: Cash___ Check___ Cr Card___ Date:___

Recorded By:___

Scholarship Pending:___

Amt. of Scholarship Payment Received:___

Date Received:___ Recorded By:___

CHOTEAU SWIM POOL SEASON PASS

Student (17 & under): \$60___

Adult (18 & up): \$70___

Family: \$150___

First and Last Name(s) of all people on the pass and age(s) of child/kids:

Physical Address: _____

Family Contact:

Mom's Name:_____	Dad's Name:_____
Mom's Cell #:_____	Dad's Cell #:_____
Mom's Work #:_____	Dad's Work #:_____
Mom's Home #:_____	Dad's Home #:_____
Place of Employ:_____	Place of Employ:_____

Emergency Contact (IMPORTANT):

Name:_____	_____
Cell #:_____	Work #:_____
Home #:_____	Place of Employ:_____

Medical Concerns:

____ Asthma – Please provide inhaler to pool staff for emergency use
____ Epi-pen for: _____ Please provide Epi-pen to pool staff for emergency use
____ Food Allergy – List: _____
____ Bee Allergy
____ Prone to seizures or similar medical condition
____ Other – Explain: _____

If any of the above are checked, please provide additional information:
