



2019 Pool Pass

Oak Ridge North Residents (\$50)

Non-Resident (\$75)

Full Name: _____ Age: ____

Spouse: _____ Age: ____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Children:

*Please note that kids under the age of 6 must have a parent/guardian in the pool within arm's length at all times!

*Participants 14 years and younger, and those who cannot swim, must have an adult 16 years or older on the pool deck at all times.

Full Name: _____ Age: _____ Circle One: Male/Female

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Full Name: _____ Age: _____ Circle One: Male/Female

Full Name: _____ Age: _____ Circle One: Male/Female

*Only family members listed may be admitted under this pool pass. Misuse of this pass may be cause for dismissal of membership.

*I understand and have a copy of the pool rules for the City of Oak Ridge North Pool. Failure to comply with these rules may result in expulsion from the pool.

Signature: _____ Date: _____

For office use:

Date: ____ Amount Paid: ____ Cash Check Credit

Staff Initials: _____ Pool Pass Number: _____