



# 2026 Pool Punch Pass Form

Please Follow the Directions Below and Complete the Form in its Entirety.

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email \_\_\_\_\_

### 10 PUNCH PASSES (Cash or Check Only):

Open Swim:

- Resident: \$70.00
- Non-Resident: \$85.00

Aqua Fitness & Lap Swim: \$50.00

Tot Time: \$20.00

**\*\*For Internal Use Only\*\***

**PUNCH PASS FOR & DATE:**

**Tot Time:**

**Aqua Fitness:**

**Open Swim:**

### Waiver and Release

Please read this form carefully and be aware purchasing a pool pass for yourself, your child or ward you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of participating at this pool. As a patron at the pool or the parent/guardian of a patron at the pool, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the pool. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with or in any way associated with the pool. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in the Park District brochures, publications, slide presentations, etc. I have read and fully understand the above Program Details and Waiver and Release of all Claims. **We will follow a strict capacity policy.**

TAPD Additional Pool Terms and Conditions:

1. Street clothes are not permitted in the pool.
2. Toddlers not potty-trained must wear a swim diaper in the pool.
3. Only coast-guard approved life vests are permitted.
4. Pool pass is non-transferable and non-refundable.
5. Any violation, misrepresentation, or falsification will result in forfeiture of membership.

I agree that all rules of the pool will be followed by all members of my family, and that any infractions may result in suspension of membership. I understand that information in this form may be shared with other departments in the Village of Tremont. I state that this application contains true and accurate information to the best of my knowledge

**Signature**

**Date**