

PAID Check # _____ or Cash _____ Received by _____

2015

LAST NAME: _____ Pass # _____

Season Pass 2015

Name of Parent/Guardians		
Address		
City	State	Zip
Home Phone	Cell/Work Phone	
Names of additional family members	Age	DOB

New Ipswich Resident? YES NO (Free for NI Residents, \$50 for non-resident)

Have you updated your medical forms? YES NO initials: _____

Release:

I hereby give my child/children permission to participate in the New Ipswich Swim Programs at the New Ipswich Town Pool at Memorial Field. I am aware of the risks involved with swimming and do waive, release, and agree to hold harmless the Town of New Ipswich, volunteers, and staff for any claim arising out of the injury to my child/children or any other property damage that might occur. I understand the rules and regulations put forth by the pool, as operated by the Town of New Ipswich. Failure to obey the rules may result in dismissal from the grounds and/or the local authorities being notified. The Town of New Ipswich is not held responsible when the pool closes due to inclement weather.

Parent/Guardian Signature _____ Date _____

