TYPE: _____

NUMBER: _____

SEASON POOL PASS

FAMILY NAME: _____

ADDRESS: _____

_____

PHONE: _____

I give my permission for any person listed on this pass to receive emergency treatment deemed necessary, including emergency transportation to, and treatment by a doctor, the hospital as necessary.

In consideration of use of the pool I waive, release and forever discharge any and all rights and claims for damage which I may have or accrue on behalf of myself, my heirs and/or personal representatives, against the City of Cambridge, its Boards, Commissions, elected or appointed officials, volunteers and employees.

FIRST NAME (Last name if different than family name above)	**AGE**	**HAIR COLOR**	**HEIGHT**

Signature of Parent or Guardian of any minor children listed on pass:

_____

Name Phone #

Emergency Contact(s): _____

_____

_____

USE OF THIS PASS BY ANY NON-PASS HOLDER WILL RESULT IN FORFEITURE OF THE PASS.

Please list medical problems for any pass holders below. (i.e. allergies to: bee stings, penicillin, etc. And/Or Any condition which may affect ability to swim, be in heat or direct sunlight.

Name Medical Problems

_____

_____

_____