

City of Emery Swimming Pool 2026

Applicant's Name: _____

Address: _____

Phone Number: _____ Email: _____

APPLICATION FOR SWIMMING POOL PASS

Please check type of Season Pass: Family Pass - \$125.00 Single Pass - \$50.00

Registrant's Full Name <small>Please print the names of all household members to be included on the seasonal pass.</small>	Age <small>(if under 18)</small>	Birthdate <small>MM/DD/YYYY</small>	Gender

****Pool Passes are non-refundable. A Family Pass only covers those living under one household. Daily pool rates are \$5.00 for anyone four and older, anyone three and under is free with a paying adult. NOTE: NO REFUNDS*

****Any person who enters the pool area must either have a membership or pay a daily rate, regardless of if they are swimming or not. If a person is not swimming, they can watch from outside the fence.*

REGISTRATION FOR SWIMMING LESSONS

\$40.00/person with purchased family pass or \$50.00/person without a family pass (for ages 4 years and up). Deadline to sign up for lessons is Friday, June 12, 2026.

Session 1	June 15 th – June 26 th		Session 2	July 6 th – July 17 th
Level 5	8:30 am – 9:10 am		Level 6	8:30 am – 9:10 am
Level 4	9:15 am – 9:55 am		Level 4	9:15 am – 9:55 am
Level 3	10:00 am – 10:40 am		Level 3	10:00 am – 10:40 am
Level 2	10:45 am – 11:15 am		Level 2	10:45 am – 11:15 am
Level 1	11:20 am – 11:50 am		Level 1	11:20 am – 11:50 am

Participant's Full Name <small>Please print the names of all children enrolling in swimming lessons.</small>	Age <small>(if not listed above)</small>	Birthdate <small>(if not listed above)</small>	Session	Level

****Red Cross Certified Instructors teach all classes. All lessons must be paid for before lessons start. Note: NO REFUNDS*

Total Cost of Season Pass: \$ _____ Total Cost of Swimming Lessons: \$ _____

Total Amount Paid: \$ _____ Please circle one: CASH or CHECK

Applicant's Signature: _____ Date: _____

City of Emery
Swimming Pool and Swimming Area
Release of liability and Assumption of Risk

The undersigned acknowledges and understands the following:

1. During swimming activities, certain risks and dangers are presented;
2. Each person is responsible for his or her actions as well as for the safety of others in and around the pool area;
3. These risks may include physical injury due to accidents which may occur resulting from swimming pool activities;
4. The undersigned parent, on behalf of myself and my child, do hereby assume all of the risks of participating in swimming pool activities and will hold the City of Emery d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates and associates, harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I or my child now have or which may arise from or in connection with our participation in City of Emery swimming pool activities. I, along with my family or heirs, understand and agree that we cannot sue the City of Emery for its attorney's and court fees associated with any litigation I might bring against the City of Emery, its employees, agents, trustees, officers, affiliates, and associates. I fully understand that the physical activities of my child involve the potential risk of injury. I also understand that my child's participation in the Emery swimming pool swimming activities is entirely voluntary. I agree to hold harmless and indemnify the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates, and associates.
5. I further understand that it is important for the Emery Swimming Pool staff to have quick access to medical information, in the event of injury. I therefore authorize the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates, and associates, in the event of any injury, to obtain any/all medical information related to myself or my child named below. The type of information which may be discussed is as follows:
 - a. Problem List
 - b. List of Allergies
 - c. Most Recent History
 - d. Lab Results
 - e. Medication List
 - f. Immunization Records
 - g. Entire Record
 - h. Most Recent Discharge Summary
6. The information identified above may be used or disclosed to the City of Emery, d/b/a Emery Swimming Pool, its employees, agents, trustees, officers, affiliates, and associates.
7. This information for which I am authorizing disclosure will be used in the event of injury and for sharing with other healthcare providers as needed in the event of an injury.
8. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that this revocation will not apply to my insurance company when the law provides my insurer with the request to contest a claim under my policy.
9. This authorization will expire one year from the date of the signing of this authorization.
10. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
11. I understand authorizing the use or disclosure of the information identified above is voluntary.

Signature of the Parent/Guardian

Date

Name of Child/DOB

Name of Child/DOB

Name of Child/DOB

Name of Child/DOB