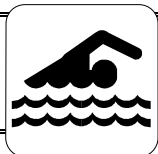


# Milford Recreation Department

1 Union Square ~ Milford, NH 03055  
Phone (603) 672-1067 ~ Fax (603) 673-2273

**Summer 2006**



## 2006 Keyes Pool Pool Pass Registration

As part of your Pool Pass Registration, you will gain access to Keyes Memorial Pool in Milford for open swim. Pool pass registration is also required for participation in pool programs. Please sign the following Pool Pass Registration to safely enjoy access to the Keyes Pool facility during the scheduled hours.

**Monday-Friday: 12:00-7:00 p.m.**

**Weekends: 11:00 a.m.-7:00 p.m.**

**WHERE TO REGISTER:** Recreation Department at the Town Hall or Keyes Pool (during season)

- Complete and return this Registration Form.
- Provide proof of residency (for example, a copy of a drivers license or utility bill showing a street address)
- Include payment (checks made payable to "Milford Recreation Dept."). Returned Check fee is \$25.

### Please fill in quantity of each

#### Milford Residents

----- \$15.00 per pass

----- \$60.00 Family Pass (4 or more passes)

----- Free Age 4 and under

#### Non-Milford Residents

----- \$30.00 per pass

----- \$120.00 Family pass (4 or more passes)

----- Free Age 4 and under

Name Primary Pass Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Family Pass Members (Must be immediate family relation and live in same household):

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATION: \_\_\_\_\_

### **PERMISSION, EMERGENCY TREATMENT & WAIVER AGREEMENT:**

**I AM AWARE OF** the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

**I HEREBY GIVE MY PERMISSION** for my son/daughter to use the pool facilities provided by the Town of Milford Recreation Department. I am aware of the hazards of pool activity and the risk of injury. I assume all risks and hazards incidental to such participation, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

**IN CASE OF EMERGENCY**, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept. and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

**PLEASE LIST ALL MEDICAL CONCERNS** or instructions the staff should know regarding your or your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes \_\_\_\_\_ No \_\_\_\_\_ Company Name & Policy \_\_\_\_\_

**Participant Signature – (Parent/Guardian must sign if participant is under 18):**

\_\_\_\_\_  
Date

#### For Office Use Only

Amount \$ \_\_\_\_\_

Cash ⇄ Check ⇄ \_\_\_\_\_