

Clive Aquatic Center – Pool Pass Registration 2019 Season

- **Passes are sold by household** – extended family outside the home (grandparents, cousins, etc.) may not be added unless they meet Nanny Pass guidelines (1 per household.)
- **All passes must have associated photo taken at time of purchase and/or at the Parks and Recreation office or aquatic center prior to first entry.**
- **Each pass holder** will receive a key fob and must scan key fob to enter or be charged daily admission. There is a \$5 charge to replace lost key fob. *Misuse of key fobs may result in passes being revoked without refund.*
- Passes also valid at West Des Moines Valley View and Holiday Aquatic Centers. **West Des Moines residents must purchase passes through the City of West Des Moines.**

Household Information (Please Use Ink & Print Legibly)

Head of Household Name _____ Birthdate _____
(List below as well if you wish to be on the pass)

Address (No PO Box #) _____ City _____ Zip _____

Phone # Day _____ Night _____ Email _____

Photo Taken	Pass Holder's Name(s)	Gender	Month/Day/Year	Circle Age (supervision)/Type
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<input type="checkbox"/> First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9	10-17 18+
<input type="checkbox"/> First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9	10-17 18+
<input type="checkbox"/> First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9	10-17 18+
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<input type="checkbox"/> First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____	0-2* 3-9	10-17 18+
<input type="checkbox"/> First & Last _____	<input type="checkbox"/> M / <input type="checkbox"/> F	DOB _____		16-17 18+ Nanny

1 nanny per household. Nanny pass sold only after primary pass is purchased.

**Pass holders ages 0 - 2 are free of charge but must be listed on this form. All listed will be issued a pass for tracking purposes. Highlighted groups must be supervised at the facility by parent or supervisor 16 years of age or older.*

Total to Charge _____

Payment type: Cash (no \$100 bills) Check #: _____
 Credit Card

For credit card payments fill out the following:

Card Type VISA MASTERCARD DISCOVER

Card Number _____

Exp. Date ____/____/____ **CVC/CVV #** _____

Signature _____

Tax Included	Clive Resident	Clive #, + Nanny	Non-Resident	NR #, + Nanny
1 person	85.00	145.00	130.00	190.00
2 person	120.00	180.00	170.00	230.00
3 person	160.00	220.00	225.00	285.00
4 person	200.00	260.00	280.00	340.00
5 person	240.00	300.00	335.00	395.00
Each additional	40.00	60.00	55.00	60.00

Completed passes with payment can be mailed to Clive Parks & Recreation
 1900 NW 114th St., Clive, IA 50325 OR faxed to (515) 457-3092.

Total Payment (or circle amount above) _____

- By applying for these recreation programs, each resident realizes the inherent risks involved in the program and appreciates the nature of these risks. The applicants hold the City of Clive harmless for any damage caused by participation in these programs. The City provides no medical insurance. Participants registering for activities of strenuous nature are encouraged to seek physician's approval.
- Registrants and participants permit the taking of photos and video of themselves and their children during City-sponsored activities for publication and use, as the department deems appropriate.

I understand that refunds are not given on season passes for any reason; including weather conditions, ability to use the facility, or conflict with facility guidelines. My signature indicates that I accept the terms and conditions of this sale.

 Signature of Head of Household/Parent/Legal Guardian

 Date