2020 City of Carlyle – Shortened Season Rates Season Pool Pass Registration Form

	Desidents of all sees		¢20	
	Residents of all ages	Resident/Swim Team	\$30	
	Non-residents of all ages	Non-resident	\$40	
	Family (up to 5 immediate family members)	Resident	\$100 - Additional family members \$20 e	each
	Family (up to 5 immediate family members)	Non-resident	\$125 - Additional family members \$20 e	each
Parent/Guardian:			Emergency Contact:	
Address:			Home Phone:	
City: State: Zip:				
	ne:			
Cell Filone	:			
Pass Holder	#1:	Age:	Pass Holder #2:	Age:
			Pass Holder #4:	
				Ac
Pass Holder	#5:			
	A	dditional Passes for Imme	ediate Family Members: \$20/each	
Pass Holder	#6:	Age:	Pass Holder #7:	Age:
Pass Holder	#8:	Age:	Pass Holder #9:	Age:
		PLEASE THOROUGHLY	READ THE POLICIES BELOW	
household patr in the locker ro the State of Illir	ons will be required to maintain 6' of s ioms, while in the vending machine roc nois had to move back to Phase 3 of the	ocial distancing while at the poo m, and while on the pool deck it e reopening guidelines, the pool	gathering limits, etc. will apply and be strictly enford bl. Face coverings are strongly recommended while i f social distancing cannot be maintained. No face co will not be available for open swim during that time REFUNDS FOR SEASON PASSES WILL BE OFFERED C	nteracting with the front desk staff, while verings can be used while in the water. If e.
conditions thre Ligh Air t	atens the health or safety of pool patro tning, thunder, or heavy rain temperatures below 60 degrees Fahrer afe water chemistry levels and/or biolo	ons including but not limited to: wheit and/or water temperatures ogical factors in the water	ons, on a temporary basis, when it determines that i s below 68 degrees Fahrenheit or reimbursement when the pool is forced to temp	
 First Secc Third Four 	plinary Policy: Pass holders will not rea t Incident – Swimmer will receive a ver ond Incident – Swimmer will be asked t d Incident – Swimmer will be asked to rth Incident - Swimmer will be asked to n Incident - Swimmer will be asked to le	bal warning by pool staff o leave the pool facility for the r leave the pool facility and will no leave the pool facility and will r	ot be permitted to return for 7 days not be permitted to return for 14 days	

By signing below, I confirm that I have read and understand the COVID-19 guidelines, no refund policy, pool closing and swimmer disciplinary policies.

Name:_

Date:_____