Omro Family Aquatic Center 2022 FAMILY Season Pass

Staff Use
Check (#)
Cash
Card
Staff Initials:

		Staff Initials:		
Family Last Name:				
Address:				
Phone: ()				
Please check one of t	he fo	llowing based on residency:		
City of Omro Resident		Non-Resident		
Family of 4: \$110.00		Family of 4	Family of 4: \$130.00	
Additional Family Member: +\$ (Age 3 and under are free)	10	Additional Family Member: +\$10 (Age 3 and under are free)		
List all family members on the pass:	ge	neighbors, grandparents. First Name	Age	
1.		5.	Age	
2.		6.		
3.		7.		
4.		8.		
Wa	iver fo	Participants:		
In consideration of the acceptance of myself or my childre heirs, and assigns, all claims for damage which I might ha or any other participating agency and their employees for understand that the Omro Parks and Recreation Department	ve aga any an	inst the instructor, Omro Parks and Recre d all injuries which I might receive during t	ation Department, or city,	
		Date:	/2022	

(Signature of head of household)