

**City of Delray Beach
Aquatics Division**

**Parks and Recreation Department
Pool Pass Application**

Your Pool Identification Card is valid one year to date after the date of payment. City of Delray Beach residents applying for the Annual Pool Identification Card can provide proof of residency with a current City of Delray Beach Water Bill at the time of payment.

Applying for Adult Pass Senior Pass Child Pass Family Pass

Pool Fee for Daily Admission and Annual Pass
*Annual pool fee for Non Resident are doubled

Patron Pool Pass	Age	Daily Pool Fee	Annual Resident Pool Pass Fee	*Non Resident Annual Pool Pass Fee
Adult	18 – 54 years	\$2.00	\$60.00	\$120.00
Senior	55 and over	\$1.00	\$50.00	\$100.00
Child	6 – 17 years	\$1.00	\$5.00	\$5.00
Infant	6 months – 5 years	Free with Paid Adult	\$0.00	\$0.00
Family	Members of Household	\$5.00	\$100.00	\$200.00

Applicants Name: _____
First Name Last Name Middle Initial

Address: _____, FL _____
Street Address Apt # City Zip Code

Telephone Number: (____) _____ - _____

**Release Waiver and Indemnification
Annual Pool Pass to be used at Pompey Park Pool and Delray Swim and Tennis Club**

I, the undersigned, parent / legal guardian of the minor child named below, intending to be legally bound, acknowledge that I am aware of all the risks inherent in recreational activities and aquatics, including possible permanent disability or death, and agree to assume all of those risks. I hereby release, indemnify and hold harmless the City of Delray Beach, its officers, employees, representative, officials and or agents (“Releaseese”), with respect to any and all disability, death, or loss or damage to person or property incident to my participation and / or my Childs participation in recreational activities/ aquatics at Pompey Park Pool and Delray Swim and Tennis Club, whether arising from the negligence of the Releaseese or otherwise, to the fullest extent permitted by law. (Nothing contained herein is intended nor shall be construed to waive the City’s rights and immunities under common laws or Section 68.28, as amended from time to time). At various times, the City of Delray Beach videotapes and photographs events to be submitted to the local media; by using this facility, I / we hereby authorize the City of Delray Beach to reproduce, copy, exhibit, publish, broadcast or distribute any and all such tapes or photographs. I have read the above and understand the rules and regulations of the City of Delray Beach that have been made available to me.

I, _____ have read the above for the Annual Pool Pass Application.
Print Applicant Name

Applicant Signature

Date

Additional family members and children living at the applicants address applying for an Annual Pool Pass:

First Name	Last Name	Relationship	Date of Birth / /
First Name	Last Name	Relationship	Date of Birth / /
First Name	Last Name	Relationship	Date of Birth / /
First Name	Last Name	Relationship	Date of Birth / /
First Name	Last Name	Relationship	Date of Birth / /
First Name	Last Name	Relationship	Date of Birth / /

Children under seven (7) years in age must be accompanied by a pool patron eighteen years or older at all times.

Children eight (8) years or older can enter the pool unattended by and adult. In case of serious injury or sudden illness, if parent or emergency contact cannot be reached, do you give the Aquatics Operations Supervisor and or lifeguards permission to order medical treatment?

YES NO

City of Delray Beach Fire Rescue will transport you child to the nearest hospital.

Please provide two (2) Emergency contact people if you as a parent / guardian cannot be reached:

Emergency Contact Person: _____
First Name Last Name Relation

Emergency Phone Number: (____) - _____ - _____

Emergency Contact Person: _____
First Name Last Name Relation

Emergency Phone Number: (____) - _____ - _____

Please list any special medical problems, allergies, etc. that you feel our Staff should be aware of for you and or other family members applying for the Annual Pool Pass:

Name: _____ Medical Condition(s) / Allergies(s): _____

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Name: _____ Medical Condition(s) / Allergies(s): _____

Name: _____ Medical Condition(s) / Allergies(s): _____