



1025 P Street
P.O. Box 687, Gering, NE 69341

308-436-5096 www.gering.org

Gering Municipal Pool Season Pass 2026

Last Name: _____ First Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: Name: _____ Phone: _____

Type of Membership:

- Lap Swim \$45.00
- Single \$75.00
- Family \$140.00
- Grandparent or
Babysitter Add-on \$25.00/person

(Married household & children 23 & under) This pass may only be used by Parents and their dependent children living in the same household. Proof of residence and/or dependents may be required.

List Name & Date of Birth for each immediate family member in the household:

List name and date of birth for each immediate family member in the household:	List Grandparents or babysitters to be included:

I, the undersigned, hereby certify that the individuals listed above are my dependents and members of my immediate family residing in my household. I understand that any misuse of this season pass by unauthorized persons, or any misrepresentation of my dependents, will result in the immediate cancellation of the pass without refund. I also acknowledge that pool hours are subject to change due to weather, low attendance, or other unforeseen circumstances as determined necessary by staff.

Signature: _____ Date: _____

<p>Office Use Only: Initials: _____ Date: _____</p> <p>Amount Paid: \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card</p>
