



# Gering Municipal Pool Season Pass 2025

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Type of Membership:

\_\_\_\_\_ Single      \$65.00

\_\_\_\_\_ Family      \$120.00 (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. Grandparents or babysitters may be added for \$25.00 per person.

### List Name & date of birth for each immediate family member in the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list Grandparents or  
babysitters to be included:

\$25 \_\_\_\_\_  
\$25 \_\_\_\_\_  
\$25 \_\_\_\_\_

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: \_\_\_\_\_

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**Office Use Only:** Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_