



Gering Municipal Pool Season Pass 2026

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Primary Contact Number: _____

Secondary Contact Number: _____

Emergency Contact Name: _____

Contact Number: _____

Type of Membership:

_____ Lap Swim \$45.00

_____ Single \$75.00

_____ Family \$140.00

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:

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 passes 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

Office Use Only: Initials: _____ Date: _____

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