



# 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.

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**Signature**

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Date

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

Amount Paid: \$  Check#  Cash  CC