

**Town of Liberty  
Parks & Recreation Department  
Pool Pass Registration**

<b><u>For Office Use Only:</u></b>	
Amount: \$	_____
Receipt #:	_____
Check #:	_____
Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family (Last) Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Emergency # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b><u>Full Name(s) And Date Of Birth:</u></b>			
	<b><u>NAME</u></b>	<b><u>D.O.B.</u></b>	
	<b><u>NAME</u></b>	<b><u>D.O.B.</u></b>	
1.	_____	_____	4. _____
2.	_____	_____	5. _____
3.	_____	_____	6. _____

**\*\*\*\*Family Passes are for immediate family members only\*\*\*\***

<b><u>Fees:</u></b>	<input type="checkbox"/> <b><u>Resident</u></b>	<input type="checkbox"/> <b><u>Non-Resident</u></b>
<input type="checkbox"/> <b>Senior Citizen Pass</b>	\$30.00	\$40.00
<input type="checkbox"/> <b>Individual Pass</b>	\$35.00	\$45.00
<input type="checkbox"/> <b>Family 3 Pass (up to 3)</b>	\$60.00	\$70.00
<input type="checkbox"/> <b>Family 4 Pass (up to 4)</b>	\$85.00	\$95.00
(each additional family member) - \$15.00 each		

**Parks & Recreation Pass Guidelines:** 1) Person must be in possession of pass to be allowed Liberty Resident privileges at all P&R programs and facilities. 2) Sharing or otherwise lending passes will result in forfeiture of privileges. 3) All passes are valid for time period shown. 4) Pass holder agrees to abide by all rules and regulations governing P&R facilities, programs, and park areas. Failure to do so may result in the loss of privileges. 5) This card must be presented for registration to any program or activity and may be required during the course of the program at the discretion of supervisor or instructor. 6) Family passes apply to only those members of the nuclear family that reside within the same residence. This does not include the extended family of grandparents, cousins, aunts, uncles or other relatives even though they may live in the same household. 7) Lost or stolen cards can be replaced for a charge of \$4.00 at the P&R office.

The named individual(s) has/have permission in the above designated program and I have read the Registration & Refund Policy.

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

**Signature** **Date**

**Address:** 119 North Main Street Liberty, NY 12754

**Phone:** (845)292-7690

**Fax:** (845)292-3588