



**2023**  
**Avoca Aquatic Center**  
**SEASON PASS Application**

- INDIVIDUAL 11 YEARS OR OLDER - \$100       FIRST MEMBER OF FAMILY PASS - \$100
- SENIOR CITIZEN (62 AND OLDER) - \$90.00 (ADDITIONAL FAMILY MEMBERS ADDED BELOW)

**ADDITIONAL MEMBERS (FAMILY PASS ONLY)**

“Family” is defined as parents (2 adults maximum) or legal guardians (2 adults maximum) residing together as a couple, and also including their children ages 18 and under, foster children ages 18 and under, or stepchildren ages 18 and under and the 18 year old must be enrolled in high school or just graduated 2023.

Family memberships are NOT allowed for the following:

- Multiple families living together, extended relatives living together, or grandparents living with their children over age 18. Each set of parents must purchase their own membership for themselves and their children less than 18 years of age.
- Baby sitters or day care employees cannot be included on a family membership. A separate membership would have to be purchased based on their official residence. Official proof of address must be provided (school record, driver’s license, etc.).
- Grandchildren cannot be included on a membership, unless the grandparents are the legal guardians and can provide proof upon request.

**ALL CHILDREN 10 AND UNDER MUST BE ACCOMPANIED BY A PARENT, GUARDIAN OR UNDER THE CARE OF SOMEONE 16 YRS OF AGE AND OLDER. THIS PERSON MUST BE IN DIRECT SUPERVISION OF THE CHILD OR CHILDREN. A SIGN IN SHEET WILL BE PROVIDED EACH DAY.**

Pass Holder Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (Street, City, ST, Zip): \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Family Members (Name, Age, Address if Different)**

- |          |                       |
|----------|-----------------------|
| 1. _____ | ADD \$40              |
| 2. _____ | ADD \$40              |
| 3. _____ | ADD \$40              |
| 4. _____ | ADD \$40              |
| 5. _____ | No Charge Maximum Met |
| 6. _____ | No Charge Maximum Met |
| 7. _____ | No Charge Maximum Met |

**Emergency Contact Name and Number:** \_\_\_\_\_

I AGREE THE INFORMATION ABOVE IS ACCURATE AND TRUE. IF I AM APPLYING FOR A FAMILY MEMBERSHIP AND FRAUDULENTLY SUBMIT INFORMATION THAT VIOLATES THE FAMILY MEMBERSHIP STANDARD, I UNDERSTAND PENALTIES AND SANCTIONS CAN APPLY.

Parent or individual Signature \_\_\_\_\_ DATE \_\_\_\_\_

AVOCA EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_