

**Lockport Community Pool
Summer 2019
Adult/Lap Swim Pass**

Name _____

Address _____

Date Purchased _____

*I understand that with the purchase of this pass, the admission of myself ONLY is covered upon entering the Lockport Community Pool. If I choose to bring others, they must pay as a general swimmer. With the purchase of my **Adult/Lap Season Pass**, I understand that I may enter and use the pool during normal posted adult swim and lap swim hours. If I choose to attend an open swim or family swim, I understand that I must pay full price admission. I further acknowledge that with the purchase of this pass, I must still adhere to all pool rules and regulations as administered and enforced by the lifeguards and pool supervisors on duty. I understand that the cost of my pass is \$40.00. I also understand that the unpredictability of the weather may result in premature closing of the pool or in the pool remaining unopened.*

Signed _____

Date _____

Pool Supervisor _____

Date _____

Paid (amount) _____

Cash

Check