

LITTLE FISHING CREEK AREA SWIMMING POOL (Checks payable to "Millville Borough" with LFCASP in Memo)
APPLICATION FOR POOL PASS
P.O. Box 224, Millville, PA 17846

Primary Contact _____ **Phone** _____

Secondary Contact _____ **Phone** _____

Emergency Contact _____ **Phone** _____

Secondary Emergency Contact _____ **Phone** _____

Name (first and last) Age Township/Boro Pass #

1. (Primary) _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Total number of passes sold _____ Money collected _____

My signature on this application certifies that all the information listed above is true and correct and also serves as my waiver that I will not enter the facility if I am ill, or experiencing COVID-19 systems or is the LFCASP responsible for any illness.

I am assuming responsibility for the names on this pass. I agree that all persons listed on this application will follow the pool rules and will follow all instructions from the pool manager, lifeguards and commission members. I understand that my pass/our passes will be suspended or revoked if I/we abuse this pass in any way. I also understand that pool hours are subject to sudden change for safety during inclement weather. I understand that I/we assume full responsibility and will not hold the Borough of Millville, supporting communities, staff and commission members of the pool, responsible for any injury or loss that may occur while at the Little Fishing Creek Area Swimming Pool.

Primary Pass Holder _____ **Date** _____

POOL PASS POLICY: Each pass holder will receive a pool pass card with their name and pass number on it. This card must be presented at the front desk to gain entrance every time you use the pool.

Pass approved and prepared by _____