



# GALVESTON COMMUNITY POOL AT LASKER PARK WAIVER

Last Name	First Name	Gender	Date of Birth
Street Address		City, State & Zip	
Home Phone	Emergency Contact	Emergency Contact Phone	

*Please fill section below for youth under 18 years of age*

**Child 1:**  
Youths Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

**Child 2:**  
Youths Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

**Child 3:**  
Youths Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

**Child 4:**  
Youths Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

**Child 4:**  
Youths Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

I agree to abide by the posted pool rules and understand that failure to do so may result in suspension from the pool. I also have been given a copy of those rules. I understand that it is my responsibility as the parent/guardian listed above to make sure that all rules are also followed by the listed children. I assume all risk and hazards associated with any and all activities in conjunction with the City of Galveston Parks and Recreation Department. I further do release, absolve, and hold harmless the City of Galveston and any and all Parks and Recreation Department staff and volunteers, in case of accident of injury.

Signature	Date
-----------	------

**OFFICE USE ONLY**

**RESIDENCY VERIFIED:** YES / NO

Government issued ID or proof of residency document are ONLY documents accepted. Failure to provide ID or documentation will result in NON RESIDENT pricing.

**OFFICE STAFF INITIALS:** \_\_\_\_\_