



## Membership Application

PO BOX 901- STANLEY, ND 58784

701.628.2771

**MEMBER #** \_\_\_\_\_

Like us on Facebook at Ray Rude Outdoor Pool

Make Checks Payable to

**Stanley Park District**

If questions, please call 701.629.8990 or

email stanleyrecdirector@gmail.com

Cash, PayPal, Venmo, Credit Card

or Check are acceptable.

**Season Ticket Pass:**  
Single Person Ticket: \$55.00  
10-time Punch Card \$50.00  
Two Person Ticket: \$70.00  
Family Ticket: \$120.00  
+ \$25 per person, AFTER 5  
people

### HOURS OF OPERATION:

Mon-Sun

1:00pm-5:00pm

6:00pm-9:00pm

\*\* ONE APPLICATION PER HOUSEHOLD IF BUYING A FAMILY PASS\*\*

\*\*ONE APPLICATION PER HOUSEHOLD IF BUYING A 2 PERSON PASS\*\*

\*\*ONE APPLICATION PER PERSON IF BUYING A SINGLE PASS\*\*

Applicant's Names:

DOB

AGE

(List all those who will be swimming)

(as of June 1st)


\*\*INFANTS UNDER THE AGE OF 1 as of JUNE 1st, 2025 are FREE but must be included on membership list.\*\*

HOME PHONE: \_\_\_\_\_

HOUSEHOLD PHYSICAL ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

HOUSEHOLD MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

# Membership Rules:

Rules are not limited to these only. There may be some posted at the pool also.

Please go over these Rules with ALL that will be using this membership to make sure all the rules and things stated are clear before entering the Ray Rude Pool for the first time this summer.

-Passes are not transferable.

-Member must know their ID # before swimming and be able to give their name so we can check them in.

**-Each swimmer wanting to jump off board, must pass a swimming test in order to do so.**

-Children under the age of 14 must be accompanied by an adult unless the form A14 is filled out stating this child is able to swim without an adult present.

-No refunds or discounts will be given for a short swim or rain.

-Members and guests must obey all pool safety rules (posted poolside and in locker rooms).

-Everyone must vacate the pool deck area (outside the fence) by closing time.

-The Head Lifeguard may, at his/her discretion, prohibit guests, when necessary.

-All people using the pool MUST shower prior to entering the pool.

-All swimmers, including babies, must wear bathing suits in swimming pool.

-Any child that is not potty-trained must wear swim pants under their bathing suit.

-Any person showing evidence of skin disease, sore or inflamed eyes, cold, nasal or ear discharge, open blisters or cuts, shall be refused admittance.

-Those who have had diarrhea within the past week are not allowed in the pool.

-No one is allowed in pool until Lifeguard is on chair and blows their whistle to go in.

-No swimming permitted in the diving area except as permitted by the Head Lifeguard.

-Dressing and undressing will be done in the locker room only.

-Smoking is not permitted anywhere on pool grounds.

-Lifeguards will not be held responsible for personal property brought into area.

-Only one person allowed on board /Climbing wall/Diving platforms, at one time-No handstand dives, No seat dives.

-No chewing gum, No Sunflower seeds, No glass Containers, No Alcoholic beverages, No animals, No Outside food.

-Talking to the lifeguards while on duty is strictly prohibited.

Pool privileges may be revoked for failure to comply with all sanitary and safety rules, as well as other regulations herein specified and at the pool site. We may close at any time due to certain regulations. With some things it may be a judgement call or in other Instances, a need to basis. We will try our best at the establishment to keep it open as much as possible. We will close due to bad weather and will keep the radio on at all times to listen for weather warnings.

We will keep regular daily updates on the FACEBOOK page as well.

## **WAIVER**

I/we the parent/s or guardian/s of the mentioned child/children agrees that he/they shall be subject to the rules and regulations of the Stanley Park District Outdoor Swimming Pool. I/we hereby agree to forfeit all swimming privileges if I and /or my children permit the use of my/their membership by any other person than who is listed on the membership. Furthermore, I/we do hereby waive, release, and hold harmless the Stanley Park District Outdoor Swimming Pool, its officers, employees and agents and representatives for any injury that I/we may myself/ourselves suffer while on and in the use of any Ray Rude Swimming Pool property or facilities.

Parents/Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only:

MEMBER ID # \_\_\_\_\_

PAID: \_\_\_ Cash \_\_\_ Check# \_\_\_

\_\_\_ Venmo \_\_\_ PayPal

\_\_\_ CCard \_\_\_\_\_

exp date: \_\_\_/\_\_\_ Code: \_\_\_\_\_

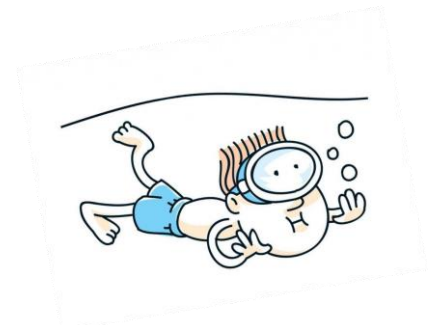
Zip \_\_\_\_\_

PACKAGE: Single 2-Person Family

\$55 \$70.00 \$120.00

PUNCH CARD \$ 50

Rec by: \_\_\_\_\_ Date: \_\_\_\_\_



## Stanley Park District: Outdoor Swimming Pool 2025 Medical Release Form

*Must fill out and sign if you have a minor (under 18) in Stanley Park District Outdoor Swimming Pool*

I give my permission for the staff at Stanley Park District Outdoor Swimming Pool to seek medical treatment for my child(ren) if he/she becomes injured or ill while on our property. I understand that my child(ren) will be taken by car or ambulance to the Hospital/Emergency Room for appropriate treatment as directed by the emergency room physician.

Member Full Name:		
Address:		
Mother's Name:		Work Phone #:
Cell Phone Number:		
Father's Name:		
Cell Phone Number:		Work Phone #:
Emergency Contact (other than parent)		
Cell Phone Number:		Work Phone #:

### Children's Information:

Please list any medical problems, chronic illnesses, allergies, or pertinent medical information that a medical professional would need in the case of an emergency:

Child's Name:		Age:		M/F:	
Medical Information:					
Child's Name:		Age:		M/F:	
Medical Information:					
Child's Name:		Age:		M/F:	
Medical Information:					
Child's Name:		Age:		M/F:	
Medical Information:					

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Stanley Park District: Outdoor Swimming pool 2025 Independent Swimmer Consent

**Only fill out and return if you have a child 14 years of age and younger that you want to allow to swim by themselves**

An "Independent Swimmer" is a child under the age of 14 that can swim a full length of the pool without assistance. The Pool Manager or Head Lifeguard representative must test the child(ren) to receive the independent swimmer designation. Appropriate signatures must be documented on this page.

Children ages 14 and under must have written parent/guardian consent to attend the pool without parental supervision. Children who are 8 years and younger, must always have a parent/guardian in attendance or a parental consent form on file.

Your signature indicates your consent for the following child (ren) to swim independently:

Please complete legibly and return this form

Child's Name:	Date of Birth:	Age:	Date Tested:	Lifeguard Approval

Address: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to swimmer (s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

A14 Form

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