

<b>Payment Amount \$</b>	
<b>Date Paid:</b>	
<b>Method of Payment</b>	<b>(Mark Below)</b>
Cash	
Check #	
CC # (Last 4 Digits)	
Cashier Initials:	

**CITY OF HAGERSTOWN MARYLAND**

**APPLICATION FOR PREPAID POOL PASS**

Claude M. Potterfield Pool

Name: \_\_\_\_\_ (Phone#) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

E-mail: \_\_\_\_\_

The undersigned Applicant does hereby make payment in the amount of \$ \_\_\_\_\_ to cover seasonal pool pass for:

\_\_\_Preschool \_\_\_Student \_\_\_Adult \_\_\_Senior \_\_\_Family

It is understood by the undersigned and all persons eligible to use the public pool to the terms of this Application for Prepaid Pool Pass (hereinafter referred to as Pool Pass) as follows:

1. The Claude M. Potterfield Pool, located at 730 Frederick Street, Hagerstown, MD, is a municipal facility owned and operated by the City of Hagerstown, Maryland, a municipal corporation existing under and by virtue of the laws of the State of Maryland.

2. Neither the Applicant/Payor or any of the persons eligible to use the public pool pursuant to this Pool Pass has any interest or right in said pool, nor do said persons have any right to propound any rules, regulations, or establish any policies pertaining to the Claude M. Potterfield Pool.

3. The undersigned and/or any and all persons eligible to use the public pool pursuant to this Pool Pass will act in a lawful manner while utilizing the pool facilities and in addition thereto, abide by all rules, regulations and procedures promulgated and established pertaining to the Claude M. Potterfield Pool by the City of Hagerstown, Maryland.

4. The undersigned, on behalf of himself/herself/themselves do further agree that in the event that any person eligible to use the public pool to this Application may, as a result of a violation of any one or more of the rules, regulations, conditions, etc., result in a revocation or suspension of the privilege of utilizing the Claude M. Potterfield Pool for a period of time or permanently, and will not be refunded for their pool pass, within the absolute discretion of the Manager of the City of Hagerstown Parks & Recreation Division or his/her designee.

5. It is recognized by the undersigned on behalf of himself/herself/themselves who may be entitled to exercise the privileges under this Pool Pass that the public pool may, in the future, be closed. In the event the Claude M. Potterfield Pool is permanently closed, or temporarily closed for whatever reason, then and in said event, the prepaid Pool Pass referred to herein shall be refunded to the payor based on a pro-rata basis. The refund shall be based on (3) months for the pool season.

6. The undersigned and/or any and all persons eligible to use the public pool pursuant to the Application for Prepaid Pool Pass does also recognize and agree that the prepayment of Pool Pass set forth herein and the obtaining of an actual pool pass does not guarantee to the applicant, or those claiming under him/her that he/she/they will be given any preferences in usage of said pool.

It is understood that by virtue of purchasing this seasonal Pool Pass that the recipient(s) receive only the benefit of paying a reduced fee. The Pool Pass shall be valid Memorial Day Weekend through August (refer to pool hours) of said year, unless the pool is closed due to weather or other reasons beyond our control.

It is understood that the rates for the Pool Pass referred to are as follows:

	City Residents	Non-City Residents
2 & under	Free	Free
Preschool (3-4)	\$25	\$40
Student (5-12)	\$55	\$80
Youth/Adult (13-61)	\$75	\$100
Senior (62 +)	\$50	\$70
Family*	\$125	\$175

\* If Family has more than 5 members, each additional person is \$25 City Resident or \$35 Non-City Resident. Please see “Attachment A” of Pool Pass Application to see who qualifies as a family member.

In the event that this is a family application, only those persons listed on Attachment A shall be given the privilege of utilizing the public pool under the provisions of this Pool Pass.

**THE POOL PASS IS NONTRANSFERABLE**

**SEASON PASSES VALID FOR PUBLIC SWIM TIMES & FITNESS SWIMS**

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Applicant’s Signature

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Date

APPLICATION FOR PREPAID POOL PASS

Claude M. Potterfield Pool

Attachment A

I hereby certify that these persons are actually members of my family and qualify and are entitled to exercise the privileges under the Prepaid Pool Pass. (Family is defined as one or two adults and their unmarried dependents - natural, adopted, or foster children - who permanently reside at the address set forth on the Application for Prepaid Pool Pass. Children must be 18 years of age and under or their legal dependent.)

<u>Name (Please Print)</u>	<u>Birth Date</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date