



FOR OFFICE USE:

Amt. Paid: \$ _____ Date: _____
CA \$ _____ CK # _____ CC # _____
Bands given _____ CB entry _____ Entered by _____

2024 Season Pool Pass Application

Adult Name _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
Home/Cell/ Work Home/Cell/ Work Home/Cell/ Work

Adult Name _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
Home/Cell/ Work Home/Cell/ Work Home/Cell/ Work

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Child's name	_____	Date of Birth	_____
Child's name	_____		_____
Child's name	_____		_____
Additional Child	_____		_____
Additional Child	_____		_____
Additional Child	_____		_____

In case of emergency contact: _____ Phone# _____
Home/Cell/ Work

WCRC Pool Season Pass Holder Guidelines

- This Season Pass is for the family or individual residing at the address above. Those residing elsewhere must purchase their own pass or secure permission from WCRC to be included under this pass.
- All Season Pass Holders must sign in at the gate each time they arrive at the pool.
- Guests on grounds but not swimming must register at Magnolia Center office.
- Adhere to all rules posted on the entrance gate.
- Guests of WCRC Season Pass Holders may take \$1.00 off daily pool fee (limit 4 per day, pass holder must be present to purchase). Children 5 and under are free. Fee is to be paid at Magnolia Center office (no money will be managed by pool staff).
- WCRC reserves the right to suspend or terminate the season pool pass for non-adherence to the rules and guidelines or inappropriate behavior.

Assumption of Risk and Liability Release

I understand that any physical activity involves a risk of injury. In consideration for using the Williamsburg Christian Retreat Center pool, I do hereby hold harmless from any and all liability, actions, causes of action, claims and demand of every kind and nature whatsoever which I now have or which may arise of or in connection with my participation in activities or use of facilities at the Williamsburg Christian Retreat Center their employees and staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators for all members of my family, including minors.

By signing I am indicating that I understand and agree to the conditions and guidelines stated above.

Adult Signature _____ Date ____ / ____ / ____

*If the participant is under age 18, the above signature must be a parent or legal guardian.

Family Pass -\$225 for up to 4 family members, \$10 for additional family members. All family members must reside at the same address
Individual Pass -\$80