



PORTLAND RECREATION & FACILITIES MANAGEMENT ADULT AQUATIC PROGRAM REGISTRATION & PURCHASE FORM



134 CONGRESS STREET, PORTLAND, ME 04101 / SUITE 2
Office 874-8456 / Fax 878-2731

PARTICIPANT

Name: _____ DOB: _____ M / F
 Address: _____
 City: _____ State _____ Zip Code _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Other Phone: _____
 Email: _____

**The email address you provided will only be used to send a confirmation*

EMERGENCY CONTACT

Name: _____
 Relationship to Participant _____
 Address: _____
 City: _____ State _____ Zip Code _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Other Phone: _____

PROGRAM REGISTRATION

Program (e.g. Adult, Private Lesson, etc): _____ Session: _____
 1st Choice MON / TUES / WED / THUR / FRI / SAT Time: _____ Fee: _____
 2nd Choice MON / TUES / WED / THUR / FRI / SAT Time: _____ Fee: _____

Please list any allergies, medical conditions, or physical restrictions/limitation you may have:

ITEM/PUNCH PASS

Item: _____ Fee: _____
 Please mail my punch card to the address above
 Please leave my punch card in the punch card box at Riverton Pool

You may leave this form in the drop box across from the Riverton Pool Office door by mail or via fax. Cards will be available for use no later than 3 pm the following day. The Aquatics Section is not responsible for punch cards that are lost, stolen or misused. We recommend that, once your card has been issued, you take your card with you after each swim. Punch Card Fees are listed on the back of this form

(Optional) Scholarship Donation \$3.00

Total Fees: _____

Credit Card Information (Visa or MasterCard)

Name On Card: _____
 Address: _____
 City: _____ State _____ Zip Code _____
 Home Phone: _____ Work Phone: _____



Credit Card Number _____ - _____ - _____ Expiration Date ____ / ____

(X) Cardholder's Signature _____ Date ____ / ____ / ____

Cardholder agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

Lap Swim Punch Cards

	Resident	Non-Resident
Adult 12 Punch Card	\$50.00	\$56.00
Adult 20 Punch Card	\$82.00	\$92.00
Adult 40 Punch Card	\$162.00	\$182.00
Senior 12 Punch Card	\$32.00	\$38.00
Senior 20 Punch Card	\$52.00	\$62.00
Senior 40 Punch Card	\$102.00	\$122.00

Senior Lap Swim Passes

	Resident	Non-Resident
Senior Annual Pass	\$242.00	N/A
Senior 6 Month Pass	\$142.00	N/A

Water Aerobics Punch Cards

	Resident	Non-Resident
Adult Aerobics 12 Punch Card	\$56.00	\$62.00
Adult Aerobics 20 Punch Card	\$92.00	\$102.00
Senior Aerobics 12 Punch Card	\$38.00	\$47.00
Senior Aerobics 20 Punch Card	\$62.00	\$77.00

Masters Punch Cards

	Resident	Non-Resident
Masters 10 Punch Card	\$52.00	\$57.00
Masters 20 Punch Card	\$102.00	\$112.00
Masters 40 Punch Card	\$202.00	\$222.00

Release Assumption of Agreement, Agreement to Indemnify and Hold Harmless and Emergency Medical Release Signatures

I am aware that learning or participating in the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to his/her property occurring during or arising out of participation out of said program.

To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to his/her person or property (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) for injury harm or damage to his/her property that may arise or occur during or in connection with said programs. I also agree to abide by any and all rules, regulations, and policies of the above activity.

And further, I give our permission for **emergency medical treatment** to be given to in the case of an emergency

Photographs: The Department of Parks & Recreation may take pictures or videos of participants at our programs, activities or special events. Please be aware that the picture may appear in future promotional materials, including our brochure.

(X) Signature _____ Date _____

PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION

For By The Aquatics Section Office Only

CREDIT / CASH / CHECK# _____ Amt. Paid \$ _____

Date ____ / ____ / ____

RecTrac Confirmation: Emailed Mailed In Person

Card# _____: In Riverton Box Mailed In Person

Processed By: _____

Comments/Notes: _____