

2025 LOYALSOCK COMMUNITY SWIMMING POOL PASS APPLICATION

*** POOL PASS RULES ***

ALL APPLICATIONS MUST BE SUBMITTED TO THE LOYALSOCK TOWNSHIP RECREATION OFFICE.

1607 Four Mile Drive, Williamsport, Pa 17701

**YOU MUST PICK UP YOUR POOL PASSES AT THE RECREATION OFFICE PRIOR TO GOING TO THE POOL.
PASSES WILL NOT BE AVAILABLE AT THE POOL OR TOWNSHIP OFFICE.**

Public Swim Dates: May 24th, 25th, 26th – May 31st & June 1st – Open full time on June 6th at noon.

Public Swim Hours: *Monday - Thursday* 1:00 - 7:45 p.m. *Friday - Sunday* 1:00 - 6:45 p.m.

Senior & Adult Lap Swim: Daily Noon - 1:00 p.m.

POOL MANAGEMENT RESERVES THE RIGHT TO CHANGE LIMIT ADMISSION, HOURS OF OPERATION OR CLOSE THE POOL FOR WEATHER, ATTENDANCE, OR OTHER SAFETY CONCERNS WITHOUT NOTICE.

Smoking is no longer allowed in the pool complex or directly outside pool entrance.

MEMBERSHIPS

- **FAMILY** includes only dependents living in the same household and claimed on one federal income tax form. If there is any question about this, you may be required to show proof before any passes are issued.
- **SENIOR CITIZEN (10% DISCOUNT)** includes anyone age 65 or older. If applying for a Family Membership, all above conditions must be met. No discounts will be given after purchase has been made.

Please **CHECK** appropriate boxes and **COMPLETE** information on reverse side. Passes are **NOT** transferable. **SIGN** at "Release & Acknowledgment" and "Signature" lines on reverse side.

RETURN the entire form with your payment to:

**LOYALSOCK TOWNSHIP RECREATION DEPARTMENT
1607 FOUR MILE DRIVE, WILLIAMSPORT, PA 17701**

Make check or money order payable to **LOYALSOCK TOWNSHIP**

Prices Until May 2nd, 2025 (**NO Exceptions**)

Prices After May 2nd, 2025

Pass Type **Resident** **Non-Resident** **Resident** **Non-Resident**

FAMILY

<input type="checkbox"/> Seasonal	\$200.00	\$260.00	\$210.00	\$270.00
<input type="checkbox"/> Monthly	\$115.00	\$160.00	\$125.00	\$170.00

INDIVIDUAL

<input type="checkbox"/> Seasonal	\$130.00	\$175.00	\$140.00	\$185.00
<input type="checkbox"/> Monthly	\$100.00	\$130.00	\$110.00	\$140.00

Please Check here for Senior Citizen Discount of 10%.

Check here if there is any medical information which would facilitate emergency treatment for the holder of this pass. **Please attach a note to this form with all necessary information.**

Resident Daily Admission - \$7.00 per person ages 12 & up, \$6.00 per person ages 2 to 11, under 2 free.

Non-Resident Daily Admission - \$9.00 per person ages 12 & up. \$8.00 per person ages 2 to 11, under 2 free

Non-Swimmer - \$4.00 Resident and Non-Resident (must receive special wristband)

(PLEASE COMPLETE REVERSE SIDE)

PLEASE PRINT: Name(s) of person(s) requesting pass.
Information is used in case of emergency & must be completed to receive pass.

NAME	AGE	SEX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

ADDRESS: _____
Street/P.O. Box/Apt # City State Zip

PHONE: (Cell) _____ (Work) _____ (Home) _____

RELEASE AND ACKNOWLEDGMENT

I _____ in consideration of being permitted to participate in activities sponsored by the Township of Loyalsock and/or its Recreation Board, am aware of, acknowledge and agree to the following: 1. That such activities can result in injury to myself and my property; 2. That I am medically able, equipped and properly trained to participate in such activities; 3. That I shall abide by the decision of any official or representative of Loyalsock Township and/or its Recreation Board relating to my ability to participate in such activities; 4. That I shall abide by all rules and regulations for the activities in which I am participating; 5. That I am assuming all responsibility and risks associated with such activities, including but not limited to: a. falls; b. contact with other participants; c. weather; d. natural and manmade conditions; e. all other risks and hazards encountered while participating, observing and/or traveling to and from such activities; 6. That I consent for myself, and for my child above, to receive immediate, emergency first aid and medical treatment if necessary; 7. That I have read, understood and voluntarily signed this Release and Acknowledgment and agree to its terms, and that no oral representations, statements or other inducements have been made to me other than those contained in this written document. I HEARBY AGREE TO INDEMNIFY, RELEASE, DISCHARGE AND HOLD HARMLESS Loyalsock Township and/or its Recreation Board for any loss, liability, damage or cost that may arise from my presence on, or my use of, property of Loyalsock Township and/or its Recreation Board, or in any way competing, officiating, observing, working for, or for any purpose participating in any event, whether caused by negligence of Loyalsock Township and/or its Recreation Board or otherwise.

Signature _____ **Date** _____

Parent's Signature _____ **Date** _____
(If under 18 years of age)

Office Use Only

Date Paid _____ Check # _____ Receipt# _____ Amount Paid _____ Initials _____

Pass Number(s) _____