



Family Season Pass

Toccoa, GA

Doyle Street Pool 558 East Doyle Street 30577

Doyle Street Pool [\(706\) 886-8453](tel:7068868453) • Camp Fire Georgia [\(706\) 886-5123](tel:7068865123)

www.campfirega.org



Primary Pass Holder

First Name:	Last Name:		
Address	City	State	ZIP
Cell Phone:	Other Phone:		
Email Address			

Secondary Pass Holders

Name:	16 yrs. or older?	Phone Number
Name:		
Name:		
Name:		
Name:		
Name:		

Please initial the following:

- I have read and agree to abide by all Doyle Street Pool policies and procedures. _____
- I understand that failure to abide by policies and procedures by anyone listed on this pass could result in pass being revoked with no refund. _____
- I understand this pass is only good for Open Swim Hours and does not entitle pass holders entry to special events or programs. _____

I, the participant and/or parent/guardian of the participant agree and understand that swimming is a hazardous activity and that there are risks inherent in the sport of swimming, myself and/or the participant hereby agrees to release Camp Fire Georgia, its Officers, Staff and/or representatives from liability for any injury that may occur to the participant while participating in a any Camp Fire Georgia program or activity. The participant agrees to indemnify Camp Fire Georgia for any damages incurred arising from any claims, demand action or cause of action by the participant. The participant authorizes any representative of Camp Fire Georgia to treat the participant in any medical emergency. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I give permission and consent to allow photographs to be taken during Camp fire Georgia activities. I further give permission and consent that any such photographs may be published and used by Camp Fire Georgia and its agents, to illustrate and promote the Camp Fire experience. I further agree to comply with Doyle Street Pool policies and procedures.

SIGNATURE _____ **DATE** _____

Payment must be made in full via money order or credit card.

Total:

Individual Season Pass Fee:	\$150.00	\$150.00
<input type="checkbox"/> Money Order Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card number: _____	Expiration Date: _____	