

# Watertown Parks & Recreation Department

61 Echo Lake Road, Watertown, CT 06795-2629  
(860)945-5246 Info-line (860)945-5272 www.watertownct.org

*Your Quality of Life Department!*

## 2020 CRESTBROOK PARK

### Pool Pass Registration

RESIDENTS OF WATERTOWN/OAKVILLE **ONLY**

Family Name (s) \_\_\_\_\_

(please print)

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (days): \_\_\_\_\_ (nights): \_\_\_\_\_ (cell): \_\_\_\_\_

Driver's License Number : \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**\*\*Proof of Residency is required for each family member\*\***

\_\_\_\_ **SUMMER POOL PASS FAMILY FEE** **\$135.00**  
(Good for 4 Immediate Family Members, Anyone beyond that is \$25/person regardless of age)  
\_\_\_\_ **SUMMER POOL PASS INDIVIDUAL FEE** **\$55.00**  
\_\_\_\_ **SUMMER POOL PASS SENIOR 62 & OLDER** **\$30.00**  
***MUST be Immediate family members living at the same address***  
(No extended family members— Cousins, Aunts, Uncles, Friends, etc.)

#### **NAMES OF FAMILY MEMBERS INCLUDED ON POOL PASS :**

\_\_\_\_ **AGE** \_\_\_\_ **ID** \_\_\_\_ **AGE** \_\_\_\_ **ID** \_\_\_\_  
\_\_\_\_ **AGE** \_\_\_\_ **ID** \_\_\_\_ **AGE** \_\_\_\_ **ID** \_\_\_\_  
\_\_\_\_ **AGE** \_\_\_\_ **ID** \_\_\_\_ **AGE** \_\_\_\_ **ID** \_\_\_\_

#### **ACKNOWLEDGEMENT AND WAIVER**

I, THE UNDERSIGNED HEREBY AGREE THAT I WILL FOLLOW ALL THE RULES AND REGULATIONS GOVERNING THE USE OF ALL TOWN OF WATERTOWN, CONNECTICUT CRESTBROOK PARK FACILITIES, THAT THE INFORMATION I SUPPLIED IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE POOL RULES OR FALSIFICATION OF THIS PERMIT INFORMATION MAY RESULT IN REVOCATION OF THE PERMIT BY THE WATERTOWN RECREATION COMMISSION. I UNDERSTAND THE POLICIES, RULES, AND PROCEDURES GOVERNING CRESTBROOK PARK POOL. I, ALSO, HEREBY IN THE EVENT OF AN ACCIDENT AND/OR INCIDENT, WAIVE ALL CLAIMS AND/OR DAMAGES AGAINST THE TOWN OF WATERTOWN, CONNECTICUT, THE WATERTOWN PARKS AND RECREATION DEPARTMENTS AND COMMISSION, AND/OR THEIR EMPLOYEES, INSTRUCTORS, AND/OR THEIR AGENTS. THE UNDERSIGNED, HEREBY RELEASES THE TOWN OF WATERTOWN AND INSTRUCTORS FROM ALL ACTION, CAUSE OF ACTION, SUITS, CONTROVERSIES, PROMISES, DAMAGES, JUDGMENTS, EXTENT, EXECUTION, CLAIMS AND DAMAGES WHATSOEVER IN LAW OR EQUITY WHICH AGAINST THE TOWN OF WATERTOWN BY MYSELF, MY HEIRS, OR HEREAFTER CAN., SHALL OR MAY, HAVE FOR UPON OR BY REASON OF ANY MATTER, CAUSE OR THING WHATSOEVER FORM THE BEGINNING OF THE WORLD AND FOREVER HEREAFTER IN CONNECTION WITH MY PARTICIPATION IN SPORTS, OR RECREATIONAL ACTIVITIES UPON PREMISES AND/OR LANDS OWNED BY THE TOWN OF WATERTOWN, CONNECTICUT. IN PARTICIPATING IN SAID RECREATIONAL ACTIVITIES I UNDERSTAND THAT THERE ARE CERTAIN RISKS THAT I MAY BE INJURED OR INCUR PHYSICAL HARM OR INJURY AND I ASSUME SAID RISKS OF MY OWN FREE WILL KNOWING THAT I SHALL BEAR FULL RESPONSIBILITY FOR MEDICAL COST, CARE TREATMENTS, OR ANY OTHER COSTS OR DAMAGES TO ME AS A RESULT OF SAID INJURIES. I UNDERSTAND THAT CRESTBROOK PARK POOL IS A PLAY AT YOUR OWN RISK FACILITY. THE INFORMATION I HAVE SUPPLIES IS FACTUAL AND TRUE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
IF APPLICANT IS 17 YEARS OF AGE OR YOUNGER, PARENTS/GUARDIANS' SIGNATURE IS REQUIRED BELOW.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit /Debit : MC Visa

ID Verified: Y Initials: \_\_\_\_\_ DATE RECEIVED BY OFFICE : \_\_\_\_\_