Aquatic Park
CITY OF ST. LOUIS PARK

Registration

3700 Monterey Drive, St. Louis Park, MN 55416
Office: 952.924.2540 • Fax: 952.925.5663
www.stlouispark.org/aquatic-park/season-pass

Parent/Guardian _____ Home Phone (____)____
(Last Name, First Name)

Address _____ Work Phone (____)____
(Street, City, State, Zip)

Email Address _____ Cell Phone (____)____

Emergency Contact _____ Day Phone (____)____

Buy a separate pass for each person (age 1 and up) using the Aquatic Park.

Pass Holder First & Last Name	Date of Birth	Season Pass Type (resident or non-resident)	Fee Per Person
		Total Enclosed	

Season passes grant admission 7 days a week during regular pool hours.
Twilight passes grant admission 7 days a week but only after 4:30 p.m.

To better serve our participants, we ask that you share any information you feel our staff should be made aware of (i.e. disability, allergy, special needs, etc.)

Refund Policy: Fees, less 20 percent, are refunded only if cancellation is made prior to the start of the first day of the activity.

Permission and Waiver: I hereby agree to allow myself or my child to participate in the above named activity. In consideration of accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against the City of St. Louis Park and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity. I understand that the information that I have provided may be distributed to individuals involved with each program. The Recreation Division often takes pictures, slides and videotape of participants enjoying their activities. These are used for program promotion, brochures, scrapbooks and staff training. I grant permission to use the name, pictures and quotes of me or my child(ren) for the above purposes.

Parent/Guardian Signature _____

Date _____

Office Use Only

Amount Received	Date Received	Received By
Cash/Check/Authorization No.		Date Pass Printed

Please make check payable to the City of St. Louis Park.

Please charge my:

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number _____

Expires _____ Security Code _____

Signature _____