

(Property Owners Please Forward to Tenants)

BOROUGH OF ETNA 2010 SWIMMING POOL APPLICATIONS

Season passes will be on sale May 17, 2010. If you purchase your tags by mail, complete the application and send it with your remittance and a **SELF-ADDRESSED, STAMPED ENVELOPE** to: Borough of Etna, 437 Butler St., Etna, Pa. 15223. The rates are as follows:

SEASON PASSES

	FAMILY	INDIVIDUAL
Etna Borough Residents:	\$120.00	\$ 85.00
Shaler Area & Fox Chapel School District Residents:	\$180.00	\$120.00
Senior Citizens - Etna residents only - 65 yrs. & over - Free (Proof required)		

You may purchase individual tags or obtain a pass for your entire family at the above rates. The family permit includes mother, father and unmarried children living at home. Please make check payable to: Borough of Etna. Your tags will be mailed to you as soon as possible provided you send the self-addressed, stamped envelope; otherwise, you must pick the tags up at the office. Free swimming lessons are provided to Etna residents with season passes.

(Please cut on dotted line)

BOROUGH OF ETNA

Amount Paid \$ _____

The undersigned, a resident of _____, residing _____, Phone No. _____, applies for permit to use the public swimming pool of Etna Borough for the 2010 season and agrees to abide by the rules and regulations of the pool, park and bath house.

PROOF OF RESIDENCY IS REQUIRED FOR ALL PASSES.

CHILDREN 8 YEARS & UNDER MUST BE ACCOMPANIED BY A 13 YEAR OLD OR OLDER WHILE IN THE SWIMMING POOL.

ALL TAGS MUST BE SECURELY SEWN TO THE BATHING SUIT, OTHERWISE NO ADMITTANCE.

Applicant agrees that the use of the pool is at the risk of the bather. Applications for minors must be signed by parent or guardian.

SWIMMING TAGS MUST NOT BE LOANED AS PERMIT IS NON-TRANSFERABLE AND WILL BE REMOVED IF PRESENTED AT THE GATE BY ANY OTHER THAN THE ONE TO WHOM ISSUED.

(Borough Use)

(Please Print)

Age (if under 21)

Tag. No.

Tag To Be Issued In The Name Of:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**This application covers a family unit only - mother, father and children living at home and the above are members of my family living at the above address.

SIGNED: _____ Date: _____

SPECIAL NOTICE On a separate piece of paper, list relevant medical problems of each swimmer (allergies, diabetes, etc.) that can be referred to in the case of an emergency. This information will be classified "Confidential For Supervisor Only".