

# Lancaster County Swimming Pool — 2026 Season Membership Pass Application

1. Select Pass Type	2. Select Pass Size
<input type="radio"/> Mon-Thurs Season Pass <input type="radio"/> Full Season Pass	<input type="radio"/> Individual (must be 13 or older, under 18 requires adult signature) <input type="radio"/> Individual Senior (65+) <input type="radio"/> Family of 4 <input type="radio"/> Family of 5 <input type="radio"/> Family of 6 <input type="radio"/> Family of 7 <input type="radio"/> Family of 8

- A **Family Pass** is for family members living at the same address and must include at least 1 adult but not more than 2 adults. An adult is anyone 18 years and older; a child is anyone age 3-17. Children 2 and under do not need to be included on the pass; however, they must wear both a swim diaper and plastic pants to enter the pool. At no time during the season will you be allowed to add more family members than the number specified on your pass type.
- If this is an **individual pass for a minor**: List the minor's name, age, and DOB as the primary pass member. Complete the primary pass member's information and emergency contact using an adult's address, phone number, and email. This application also requires the adult's signature.

Primary Pass Member Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Adult or Child Name (Pass member 2) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (Pass member 3) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (Pass member 4) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (Pass member 5) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (Pass member 6) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (Pass member 7) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Name (Pass member 8) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make us aware of any medical concerns you or other family members listed above may have**

Name: \_\_\_\_\_ Note: \_\_\_\_\_

Name: \_\_\_\_\_ Note: \_\_\_\_\_

**Emergency Contact:** *Cannot be someone listed on this pass, must be 18 years of age or older.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I do hereby waive, release, and will hold harmless the Lancaster County Department of Parks and Recreation, the Lancaster County Commissioners, and/or their respective heirs, assigns, and employees from all claims of injury, damages, or illness in any manner resulting from attendance at the Lancaster County Swimming Pool.*

***I agree that season membership passes are not transferable or refundable. I have read the attached pool rules and I acknowledge that membership privileges may be suspended or revoked for violations of rules and regulations, or for falsification of any information on this application.***

\_\_\_\_\_  
Adult's Signature

\_\_\_\_\_  
Date

***All passes are non-transferable and non-refundable.***