

**Town of Cheshire
Community Pool Pass Application Form**

Youth Pool Pass

Pass Holder Information

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Grade: _____ School: _____

Important Medical Information

Guardian Information

Primary Guardian

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Secondary Guardian

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Emergency Contacts (other than guardians listed above)

Primary Contact

Name: _____ Relation: _____ City: _____

Primary Phone: _____ Alternate Phone: _____

Alternate Contact

Name: _____ Relation: _____ City: _____

Primary Phone: _____ Alternate Phone: _____

Office Use Only

Date Filed: _____

Amount Paid: _____

Received By: _____

Cash

Check No. _____

Credit Card _____