



JANET EVANS SWIM COMPLEX

Managed by the Fullerton Aquatics Sports Team

In Partnership with the City of Fullerton

801 W. Valencia Avenue • Fullerton • CA • 92832 • 714-773-5788

PASS MEMBER REGISTRATION FORM • Janet Evans Swim Complex • 773-5793

4 Step One: One (1) Form Per Pass holder Only. Photocopy additional form(s).

SWIMMER'S NAME <i>(Last, First, M)</i>		SEX	AGE	Birth date
STREET ADDRESS		CITY	ZIP	HOME PHONE
PARENT'S NAME or GUARDIAN		EMPLOYER	EMAIL	DAY PHONE (1)
EMERGENCY CONTACT		RELATIONSHIP	EMERG. PHONE	DAY PHONE (2)
SPOUSE	CHILD #1	CHILD #2	CHILD #3	

4 Step Two: Choose desired Pass Holder level.

EXTENDED USE PASS LEVELS

3 MONTH PASS	INDIVIDUAL <input type="checkbox"/> \$70.00	FAMILY* <input type="checkbox"/> \$100.00	SENIOR <input type="checkbox"/> \$50.00	SENIOR COUPLE <input type="checkbox"/> \$80.00
6 MONTH PASS	INDIVIDUAL <input type="checkbox"/> \$120.00	FAMILY* <input type="checkbox"/> \$180.00	SENIOR <input type="checkbox"/> \$90.00	SENIOR COUPLE <input type="checkbox"/> \$140.00
12 MONTH PASS	INDIVIDUAL <input type="checkbox"/> \$200.00	FAMILY* <input type="checkbox"/> \$320.00	SENIOR <input type="checkbox"/> \$140.00	SENIOR COUPLE <input type="checkbox"/> \$240.00

*Family pass is for immediate family members only.

4 Step Three: Sign Liability Waiver. Complete Total and Mail payment with completed form. Checks only – no cash please.

RELEASE OF LIABILITY WAIVER <i>We the undersigned participant or as the legal guardian of a participant with the Fullerton Aquatic Sports Team Inc. (F.A.S.T.) and Swim America, intending to be legally bound, do hereby for ourselves, our heirs, executors and administrators, hold harmless, waive and release and forever discharge any and all rights and claims for damages or injury which we or either of us may hereafter have against the City of Fullerton, The Fullerton Aquatic Sports Team Inc. (F.A.S.T.), and it's employees, agents, officers, representatives, coaches and volunteers.</i>			TOTALS 12 Month Pass \$ _____ 6 Month Pass \$ _____ 3 Month Pass \$ _____ TOTAL \$ _____ Make checks payable to FAST	
_____	_____	_____		
Name (print)	Signature	Date		

MAIL FORM WITH PAYMENT TO: FAST-JESC, P.O. BOX 5468, FULLERTON, CA 92838.