

Employee Season Pass Application

SEASON PASS GOOD FOR BOTH POOLS . Circle pool you visit the most: Overlook / Skyline Circle One: New / Renewal

Employee's Name _____ Birthdate _____ M / F

Spouse's Name _____ Birthdate _____ M / F

Dependent Name(s) _____ Birthdate _____ M / F

_____ Birthdate _____ M / F

_____ Birthdate _____ M / F

_____ Birthdate _____ M / F

_____ Birthdate _____ M / F

_____ Birthdate _____ M / F

Address _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail Address _____

Emergency Contact: Name _____ Phone No _____

Department name in which you work: _____

RETURN TO: RECREATION OFFICE, Stauffer Mansion, 1241 Lititz Pike, Lancaster, PA 17601-4396

POOL RULES ... Our first priority is your safety and well-being while you visit our pool. We encourage everyone to know and understand our pool rules.

- Manheim Township issued ID CARD must be presented for admission.
- Children under the age of twelve (12) must be supervised by an adult eighteen (18) or older.
- Infants and children who are not toilet trained are permitted in the pool but must wear swim diapers.
- The only acceptable flotation device for the non-swimmer is a U.S. Coast Guard approved Personal Flotation Device (life vests or approved wings).
- No running, pushing, dunking or horseplay.
- Inflatables are not permitted. This includes: inner tubes, rafts, beach balls, noodles.
- All Swimmers must be attired in apparel designed for swimming and aquatic activity use.
- Alcohol and drugs are not permitted.
- Smoking and vaping are not permitted in or around the fenced in pool area and buildings.
- Abusive or profane language or activity will not be tolerated.
- No weapons of any kind are permitted.
- No glass of any kind are permitted.
- Cellular phone, phone camera, camera, and video camera use are strictly prohibited in all public locker, shower and changing areas.
- No pets are allowed in the pool area at any time.

Attention: All persons using the pool or pool area do so at their own risk and sole responsibility. Management does not assume responsibility for any accident or injury in connection with such use.

I acknowledge that I have read and will abide by the listed guidelines above regarding Season Pass Holders.

☐ Employee Signature _____ Date _____

FOR OFFICE USE: Date Rec'd. _____ Rec'd. By _____ Mail / Walk-In / Fax OPEMP / SPEMP