



2024 Season Pool Membership Form

Norton Resident: \$75 Individual // \$100 Family
NON Resident: \$100 Individual // \$125 Family

Type of Pass Purchasing be sure to check both lines:

- 1. Norton Resident Non-Resident From what town: _____
- 2. Individual Season Pass Family Season Pass

Contact Information:

Name (first and last): _____

Address: _____

Phone: _____ Alternate Phone: _____

Email(s): _____

Family Memberships: *Family memberships may ONLY include up to 6 members living in the same household.*

Please list each member by first and last name and age (for children only)

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

Emergency Contact:

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Medical Information:

Allergies, medical conditions, physical limitations or anything else we need to be aware of:

All children under the age of 14 must be accompanied/supervised by an adult.

TOWN OF NORTON VOLUNTARY CONSENT AND RELEASE FORM (Adults Age 18 or Over)

I, _____, do hereby consent to participation in Everett Leonard Park/Pool offered by the Town of Norton. I agree and covenant to forever release, acquit, discharge and hold harmless the Town of Norton and all their employees, agents, board members, volunteers, and any and all individuals and organizations assisting or participating in the above-described voluntary athletic or recreation programs/activities of the Town of Norton from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries or property damage resulting from or in any way growing out of, directly or indirectly, my voluntary participation in the Town of Norton’s voluntary athletic or recreation programs/activities. I hereby forever release, indemnify, defend, and hold harmless the Town of Norton against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or property damage resulting from my voluntary participation in the above-described activities of the Town of Norton’s voluntary athletic or recreation programs/activities. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in the above-referenced athletic and recreation programs/events is voluntary and that I am free to choose not to participate in said programs/events. By signing this Form, I affirm that I have decided to participate in the above-described activities of the Town of Norton’s athletic or recreation programs/activities with full knowledge that the Town of Norton will not be liable to anyone for personal injuries and property damage I may suffer as a result of my participation in the above-described athletic or recreational program/activity. I further authorize the Town of Norton to transport me to a hospital or to place me in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve my wellbeing.

Signed: _____ Dated: _____

Printed: _____

Medical Insurance Carrier: _____

Medical Insurance Subscriber: _____

Medical Insurance Policy No: _____

FOR OFFICE USE ONLY:

Date: _____ Received By: _____ How Paid: Cash _____ Check # _____ UNI _____

Amount Owed: _____ Amount Given: _____ Change Given Back: _____