

Head of Household _____ DOB _____ SPJCC Member: _____ Master Pass # _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail Address: _____ Phone: _____ Phone: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

Additional Family Members	Date of Birth	Super Pool Pass Date Issued	Master Pass

Season Pass Options

Family

Resident/Mission Bus	\$120	SPJCC Member Rates	\$108
Non-Resident	\$170		\$153

Single

Resident/Mission Bus	\$70		\$63
Non-Resident	\$100		\$90

Super Pool Pass Options

Family

Resident	\$60*
Non-Resident	\$65*

**Fee includes up to 5 family members.
Additional family members are \$5ea.*

Single

Resident	\$25
Non-Resident	\$30

Payment Options

Membership Type: _____ Cost: \$ _____

Super Pass Fee: \$ _____

Additional \$5 each person 5+ Fee Total: \$ _____

Total: \$ _____

Payment: MasterCard Visa Discover Cash Check

Card #: _____

Exp. Date: ____/____/____ CVV2: _____ Billing Zip: _____

Check #: _____ Date: _____ Staff Initials: _____

Release of Liability: I, the undersigned, as a participant or parent/guardian of the participant in the named program(s), do understand that, in consideration of the Mission Parks & Recreation and the City of Mission, KS, I do release them, their officers, agents or employee from all liability demands or claim for loss, or damage of injury resulting from participation in the named program(s), as there is no insurance provided. I recognize and understand that the above program(s) require that I be in good health. I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the above program(s), and for any necessary emergency medical treatment.

Signature: _____ Date: _____

PROOF OF RESIDENCY ITEM SHOWN: _____ **STAFF INITIALS** _____

SUPER POOL PASS

Want some variety in your summer swim experience?

Add the "Super Pass" to your membership, and visit the outdoor pools of Fairway, Leawood, Prairie Village and Roeland Park. A special sticker will be affixed to your Mission Family Aquatic Center ID card, which will allow you to visit the other pools as often as you would like at no extra charge. Registrants must purchase the pool pass from the city for which they currently live, unless they are a qualified non-resident - *see below*.

Effective Dates:

May 25, 2019 through September 2, 2019

Contact specific pools for dates and hours of operation.

Qualifications

Residents:

Mission Residents who purchase a membership to the Mission Family Aquatic Center qualify to purchase a Super Pool Pass for an additional \$60 per family (up to 5 people) and then \$5 for each additional family member.
Individual Super Pool Passes are \$25.

Non-Residents:

Non-resident Mission Family Aquatic Center (MFAC) pool pass holders who were members at the Mission Municipal Pool in **2018**, may purchase a Super Pool Pass through Mission. Super Pool Pass fees for qualified non-residents are \$65 per family (up to 5 people) and then \$5 for each additional family member. Non-Resident Individual Super Pool Passes are \$30.