



Rules and Use Agreement

Patron Information

Minor's Name: _____ DOB: ____/____/____

School Attended: _____ Member Non-Member

Address: _____

Parent/Guardian Name: _____ Member Non-Member

Parent/Guardian Address (if different from above): _____

Primary Telephone Number: (____) ____-____ Other: (____) ____-____

Parent/Guardian Name: _____ Member Non-Member

Parent/Guardian Address (if different from above): _____

Primary Telephone Number: (____) ____-____ Other: (____) ____-____

Emergency Contact Information

Check this box if Emergency Contact information is the Parent(s)/Guardian(s) listed above.

Emergency Contact Name: _____

Primary Telephone Number: (____) ____-____ Other: (____) ____-____

I have read and understand the rules and expectations of patronizing the Hilliard Municipal Pools. I agree to adhere to these rules and expectations and understand that if I fail to do so, or comply with directives from City of Hilliard Staff, I may no longer be permitted to attend the facility without adult supervision and/or may face disciplinary action, such as temporary or permanent suspension of pool privileges.

SIGNATURE OF MINOR PATRON

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

Please return this completed form to the Hilliard Recreation and Parks Department at recandparks@hilliardohio.gov or in person at 3800 Veterans Memorial Dr. Hilliard, OH 43026.