



DEPARTMENT OF PARKS AND RECREATION  
201 North Webster Street • P.O.

**Your Home Port**<sup>®</sup>

RECREATION  
Box 307 • Port Washington, WI

53074

Phone: 262-284-5881 • Fax: 262-284-7678

## APPLICATION FOR BIRTHDAY POOL PARTY

Name of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Party \_\_\_\_\_ Hours \_\_\_\_\_ (During regular open hours)

Child's name \_\_\_\_\_ Age \_\_\_\_\_ M/F: \_\_\_\_\_

**FEE: \$125.00 for Residents and \$200.00 for Non-Residents**

*(Includes 2 Adults and 10 Youth Admission Wristbands)*

**Additional Wristbands - Total Child: \_\_\_\_\_ Total Adult: \_\_\_\_\_**

**Fee: Res Child = \$2.00 & NR Child = \$5.00      Res Adult = \$3.00 & NR Adult = \$7.00**

**Total Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ Payment ID: \_\_\_\_\_**

**(Office Use Only) – Day of Birthday Party:**

**Additional Wristbands - Total Child: \_\_\_\_\_ Total Adult: \_\_\_\_\_**

**Total Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ Payment ID: \_\_\_\_\_**

**LIABILITY WAIVER:** I the undersigned do hereby agree; or agree for the above-named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participants in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the City of Port Washington, its employees, officers, agents and sponsors from liability, for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the City of Port Washington, its employees, officers, agents and sponsors. The City of Port Washington does not provide accident insurance to participants in recreational activities and I assume or agree for the above-named registrant for whom I am the parent or guardian, full responsibility for any and all injuries or damages which may occur to me or the above named registrant while participating

**MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS:** In the event of a medical emergency, I authorize the Parks and Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am a guardian

**PHOTO RELEASE:** I agree to allow publication of any photos taken at any program, event or facility of the City of Port Washington Parks and Recreation Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Birthday Pool Party

## We Provide:

10 Youth Admission Wristbands  
2 Adult Admission Wristbands  
Birthday Party Room  
Tables & Chairs  
Cake and candles  
Ice Cream  
Balloons  
Paper plates/cups/forks  
Happy Birthday banner  
Tablecloth

## You May Provide:

Additional decorations  
Food/Snacks  
Drinks  
Gifts  
Games

*Please note: All pool rules will be enforced as it is regular open swim hours. To find a full list of these pool rules please visit our website: [portwashington.recdesk.com](http://portwashington.recdesk.com)*