**Pool Membership Options:** *Valid at Parap, Nightcliff and Casuarina Pools*

**\*\*The 30 Visit pass is valid for 12 months from date of purchase Inital: \_\_\_\_**

**Concession Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Concession = full-time NT students, Commonwealth Health Care Card, DVA Gold Card, DVA White Card, NT Pensioner and Carer’s Card, Department of Defence Base Pass ID. Photographic ID must be presented.*

**Personal Details:** *(\* indicates mandatory Fields)*

\***Last name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***First name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: Female / Male / Other  **D.O.B**: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

\***Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suburb**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode**: \_\_\_\_\_

**Known Medical Conditions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12 Month Pass**

Adult $475

Senior $430

Concession/Child $270

**10 Visit Aqua Pass**

*(Group Fitness Classes)*

Adult $90

Concession/Senior $63

**6 Month Pass**

Adult $270

Senior $244

Concession/Child $145

**30 Visit Pass**

Adult $95

Senior $90

Concession/Child $47

*Multiple entry passes are non-refundable, except in exceptional circumstances at the discretion of Pool Management.*

*I, including any minor under my supervision, acknowledge and agree that during such times as I am at the facility, both my property and my person(s) shall be there at my own risk and release YMCA NT, City of Darwin and their affiliates from any loss, injury or damage suffered whilst at the premises. I further agree to adhere to the rules, directions and safety policies of the facility. In the event of injury, accident and/or illness, I consent to receiving initial first aid treatment and paying all costs associated with ambulance transportation, if required, and ongoing medical treatment.*

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*I’d like to receive information regarding programs and activities being held at the pools Y / N*

**Privacy Statement**

*The City of Darwin will comply with the Information Privacy Principles in the NT Information Act. These principles protect the privacy of personal information collected and held by the City of Darwin. The City of Darwin privacy policy explains how personal information is collected, used and stored and how you can access your personal information. The privacy policy is available from our website www.darwin.nt.gov.au or from City of Darwin Council offices.*