

**2019 SOUTH EUCLID DISABILITY PASS
PHOTO ID AND CURRENT PROOF OF RESIDENCY
REQUIRED TO COMPLETE APPLICATION PROCESS**

PLEASE PRINT
LAST NAME

FIRST NAME

SCHOOL CHILD
ATTENDS

AGE

ADDRESS _____

PHONE(____) _____

CELL PHONE (____) _____

EMERGENCY PHONE(____) _____

PLEASE READ BEFORE SIGNING APPLICATION

I have received swim pass(es) and understand and acknowledge that although every reasonable precaution has been taken to insure the safety of all those who use the pool and/or the water slide, certain risks of injury are inherent in their use, and injury may result in spite of said precautions.

I, therefore, acknowledge those risks and release the City of South Euclid and all its employees, agents, volunteers and workers from any and all liability for any claims of injury of any kind resulting from the use of said facilities. I further understand that the receipt given to me today must be taken to Bexley pool in exchange for a photo I.D. pass and I must present the photo I.D. pass upon entry to the pool and/or Splash Park.

SIGNED _____

DATED _____

Proof of Residency : DL _____

UTILITY BILL _____

DOCTORS USE ONLY:

(valid for 2019 Season only)

Name of applicant with disability: _____

Date of most recent visit: _____

In your professional opinion, does the above patient qualify for a 2019 Disability Pass under the Federal Americans with Disabilities Act of 1990?

Doctor's signature: _____

Date: _____

Doctor's name: _____
(please print)

Office phone number: _____

**** IN ORDER TO AUTHENTICATE THIS APPLICATION, PLEASE STAMP WITH YOUR OFFICIAL STAMP****