APPLICATION FOR SWIMMING POOL SEASON PASS

PO Box 11 Kyogle NSW 2474 Phone: 02 6632 1611 Email: council@kyogle.nsw.gov.au

NAME/S (as shown on Medicare card)

☐ **Bonalbo** ☐ **Kyogle** ☐**Woodenbong**

Full Season Pass – September to April 2026

☐ Family Pass

☐ Adult Pass

☐ Child Pass

☐ Pension Family Pass

☐ Pension Adult Pass

½ Season Pass – September to December 2025 / Jan to Aril 2026

☐ ½ Family Pass

☐ ½ Adult Pass

☐ ½ Child Pass

☐ Pension ½ Family Pass

☐ Pension ½ Adult Pass

Holiday Pass

☐ Holiday Family Pass

☐ Holiday Adult Pass

☐ Holiday Child Pass

☐ Holiday Pension Family Pass

☐ Holiday Pension Adult Pass

NUMBER OF CARDS REQUIRED FOR FAMILY PASS (11 YEARS OR OLDER):

EMERGENCY CONTACT: **PHONE NO:**

Family Doctor: **PHONE NO:**

I,..... authorise any necessary medical attention to be sought on behalf of any person named on this application form in the case of an emergency at the Bonalbo / Kyogle / Woodenbong swimming pool. I understand that children 10 years and under must be accompanied by a responsible person aged 16 years or Older.

APPLICANT NAME:	**PHONE NO:**
APPLICANT SIGNATURE:	**DATE:**

TERMS AND CONDITIONS:

- *Passes are available for collection from Council's Administration Building at 1 Stratheden Street, Kyogle, or at your nominated swimming pool.*
- *Passes are to be collected from the location they were purchased.*
  Please allow one week for delivery to swimming pools.
- *EFTPOS facilities are available at all Council pools.*
- *Children under the age of 11 must be accompanied and supervised by an adult at all times.*
  Only those 11 and over will be issues with a season pass card.
- *Family Passes - Family is defined as those listed on the Medicare Card Only.*
- *Half Season – 1st Half - September to 31 December only – 2nd Half 1 January to April only*
- *Holiday Pass covers school holidays and public holidays only.*

OFFICE USE ONLY ☐ **Council Administration Building** ☐ **Bonalbo Swimming Pool** ☐ **Kyogle Swimming Pool** ☐ **Woodenbong Swimming Pool**	
RECEIPT NO:	DATE RECEIVED:
AMOUNT PAID:	
MEDICARE CARD SIGHTED:	PENSIONER CARD SIGHTED:
SIGNATURE OF RECEIPTING OFFICER:	