SIGNAL BAY WATER PARK
SEASON PASS APPLICATION

City of Manassas Park
Parks and Recreation Department
99 Adams Street
Manassas Park, VA 20111
(703) 335-8872 – phone
(703) 335-8812 - fax

FAMILY NAME:	
Address:	Home Phone:
Fathers Name:	
Cell Phone #:	Work Phone #:
Email:	
Mothers Name:	
Cell Phone #:	Work Phone #:
Email:	

EMERGENCY NOTIFICATION

Name:	Phone #:
Name:	Phone #:

I understand that participation in the activities at Signal Bay Water Park may be dangerous and is contingent upon my agreement not to hold the City of Manassas Park, or any of its employees liable for any injury; accident or act of God. I have received and read the Signal Bay Water Park Season pass rules and guidelines and accept the responsibility for communicating the said guidelines to all season pass holders listed on the application.

Signature _____ Date _____

Please list information for all of the participants below:

Name	*Address*	*Date of Birth*