

Sauga Summer Pass

2026

City of Mississauga
Community Services Department
Recreation and Culture Division
5600 Rose Cherry Place
Mississauga ON L4Z 4B6
Tel. 905-615-4100
mississauga.ca/summerpass



Personal information on this form is collected under the authority of Section 11 of the *Municipal Act, 2001* and is used by the City of Mississauga to administer individual consent for the Sauga Summer Pass. Questions about this collection should be directed to: Manager, Customer Services Centre, Community Services Department, 5600 Rose Cherry Place, Mississauga ON L4Z 4B6, Telephone 905-615-4100.

Sauga Summer Pass Conditions of Use

- Sauga Summer Pass is valid from June 26, 2026 to September 7, 2026 to Mississauga residents only
- Applicants must be 12-16 during the time of application
- Applications can be processed at any City owned community centre (see list on page 2)
- Applicants must provide one piece of physical identification to verify their date of birth and have their photograph taken
- Applications will be accepted starting April 27, 2026 to September 7, 2026 or until we have reached capacity in the program
- Loss of card is to be reported immediately at any City owned community centre (see list on page 2). A replacement fee will be charged for replacing lost cards
- Sauga Summer Pass is good for free unlimited MiWay transit use on MiWay routes, free fun swims at City operated pools and free fitness centre use at City operated facilities. Some restrictions may apply
- Sauga Summer Passes are not transferable and may be confiscated by City Staff if used fraudulently or reproduced illegally
- Sauga Summer Pass must be shown in its physical form to City staff at the time of use and made available for inspection upon request
- All pool and fitness safety and admission guidelines are in effect (see staff for details)
- Fitness centre access is available for youth 14-16 at the time of application and requires an "eligibility of youth fitness membership" consent signed by a parent/guardian in person at one of our community centres; specific conditions apply
- All facility rules and regulations are required to be followed. Failure to do so may result in suspension of pass or admittance privileges

Student Information (the "Participant")

Name (Last / First)

Date of Birth (Year / Month / Day)

Parent/Guardian Information

Email Address

- New Customer
 Updating Existing Information

Parent/Guardian Name (Last / First)

Address (Number, Street, Suite)

City

Province

Postal Code

Phone (Home)

Phone (Cell)

Assumption of Risk and Waiver

Health Declaration

I, the undersigned, hereby certify that I have no knowledge of any physical disability of the participant I register for which would make the participation in the Community Centre programs under the Pass hazardous to the participant's health. (Otherwise, medical certificate MUST be submitted.)

Assumption of Risk

I understand that certain risks of injury may occur while participating in the Community Centre programs including not limited to all sports, recreational activities, programs and services, such as muscle stiffness, sprains, strains, nausea, light headedness, chest pain and other health risks. I understand that certain recreational activities require a minimum level of fitness and health (physical, emotional and mental) and that all individuals vary in their capacity to participate. Therefore, I consider the participant physically able to participate and I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or other

loss resulting from the participation of the Community Centre programs under the Pass.

Medical Authorization

On behalf of the participant I register for whom in law I am responsible for, I hereby give permission to have the City of Mississauga, its Mayor, councilors, officers, employees, volunteers (collectively hereinafter the "Released Parties") administer or arrange for any emergency medical care including hospitalization/transportation, if necessary, and I hereby consent on behalf of myself and the participant I register to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. I acknowledge and agree to pay all costs associated with medical care, treatment and transportation.

Waiver of Liability

In consideration of being granted permission to participate in the program, I hereby for myself, my heirs, executors, administrators, or any others

who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the City and/or any of the Released Parties from any and all losses, liabilities, damages, actions, suits, claims, demands (collectively hereinafter the "Claims"), whether direct or indirect for personal injury, illness, loss of life or property damage of any kind or nature, arising from or in any way related to this registration and/or to the participant's participation of the programs under the Sauga Summer Pass. I further agree to fully indemnify, hold harmless and defend the City and/or any of the Released Parties from and against any and all Claims brought against the City and/or any of the Released Parties including all related costs and expenses and against any loss, costs, damages or expenses which the City and/or any of the Released Parties may sustain, suffer, incur or be liable for resulting from, arising from or in any way related to this registration and/or to the participant's participation of the programs under the Sauga Summer Pass.

Parent/Guardian Consent for Minors

- I am the parent or legally appointed guardian of the person named as Participant at the beginning of this form who is under the age of 18 years old and I have the legal authority to represent and bind that person.
- By providing my email to the City, I further consent to receive communications from the City of Mississauga relating to the Sauga Summer Pass programs.
- I have read this form and understand and voluntarily agree to be bound by its contents including the conditions of use, Health Declaration, Assumption of Risk, Medical Authorization, Waiver of Liability, and provide the requisite consent for the City to use the photograph for the Sauga Summer Pass.

Signature of Parent/Legal Guardian

Date (Year / Month / Day)

Sauga Summer Passes issued at the following Community Centers (CC):

- **Burnhamthorpe CC**
1500 Gulleden Dr.
905-615-4630
- **Erin Meadows CC**
2800 Erin Centre Blvd.
905-615-4750
- **Meadowvale CC**
6655 Glen Erin Dr.
905-615-4710
- **Carmen Corbasson CC**
1399 Cawthra Road
905-615-4800
- **Frank McKechnie CC**
310 Bristol Road E.
905-615-4660
- **Mississauga Valley CC**
1275 Mississauga Valley Blvd.
905-615-4670
- **Churchill Meadows CC**
5320 Ninth Line
905-615-4701
- **Huron Park Recreation Centre**
830 Paisley Blvd.
905-615-4820
- **River Grove CC**
5800 River Grove Ave.
905-615-4780
- **Clarkson CC**
2475 Truscott Dr.
905-615-4840
- **Malton CC**
3540 Morningstar Dr.
905-615-4640

Office Use Only

Proof of age provided

Sauga Summer Pass card issued

Entered into ActiveNet

Customer ID _____

Customer Service employee initials _____