

Pass Plan Registration Form

PLAN: _____
gold,silver,bronze, try it

TYPE: _____
adult, adult +1, family, senior/teen/college, senior couple, youth
+1 must be spouse or legal dependent under age of 25
senior age 65+ (senior couple-both must be 65+)
family includes spouse and legal dependents under age of 25

TERM: _____
annual, continual, six month, monthly - try it: day, 6 visit, 12 visit
annual, six month, monthly are upfront payments
continual -- 1 year contract, auto deduct from check account

Residence: (circle one) _____ TOWN RESIDENT NON-RESIDENT

Main Contact on account: _____
Last Name First Name Date of Birth Gender

Address: _____
mailing address City State Zip

Phone: _____
home work cell

E-Mail: _____

Additional Persons on account:
SPOUSE

Last Name First Name Date of Birth Gender Work Phone Cell Phone

LEGAL DEPENDENTS UNDER AGE 25

Last Name First Name Date of Birth Grade Gender

Last Name First Name Date of Birth Grade Gender

Last Name First Name Date of Birth Grade Gender

Last Name First Name Date of Birth Grade Gender

Family Emergency Contact Name Relationship Home Phone Work Phone Cell Phone

Disabilities, Allergies, Special Circumstances for anyone on the Pass Plan

Family Physician Phone

SIGNATURE DATE

Reminders:

*\$50 cancellation fee on any pass plan
\$5 replacement card fee
No refunds on Try It passes*

*Monthly cannot be cancelled but will
expire one calendar month from purchase*

For Office Use Only:
Amount: _____
Type of Payment: _____ cash,check,cc
If continual: voided check _____ deduction form _____ yearly contract _____

Pass Plan Agreement:

I, for myself and/or my child named on this form as a patron and/or participant in said Wytheville Parks & Recreation Pass Plan, am aware of the possibility of accidental or other physical injury, which may befall me or my child. I assume all risks of possible accidental injuries I or my child may incur and hereby release and agree to indemnify and save harmless Wytheville Parks and Recreation, the Town of Wytheville, their employees or volunteer from any and all claims of any nature for injury or loss that may result in participation or preparation for participation during use of the facility. I am aware of the general condition and fitness required and I certify that the entrant is in good physical condition and capable of participating. In the event that myself or my child is unable to communicate by emergency or accident, I hereby give my permission to the Wytheville Parks and Recreation to seek medical attention for myself or my child and also give my permission to any physician or medical training emergency personnel to render appropriate medical care, to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for myself or my child.

I for myself and/or my child agree to comply with all Wytheville Parks and Recreation rules and regulations to include behavior and property damage. I understand that any violation of rules and regulations will result in disciplinary action to be administered accordingly. I understand that I will be held responsible for any and all damages to property and equipment owned by the Town of Wytheville Parks and Recreation Department used by or issued to myself or my child for participation and I agree to compensate the Town of Wytheville Parks and Recreation Department in full if such damage occurs.

I understand that photographs or videos of me or my child may be taken, that my or my child’s likeness may appear in media coverage and publicity, that no compensation in any form will be made by Wytheville Parks & Recreation, and I give my consent to these conditions.

Notes:

Users must have your photo ID to enter the building. If you do not have your photo ID you will be charged an administration fee of 1/2 of the day pass price to enter.

\$5 replacement fee for ID cards

\$50 cancellation fee for any pass cancellation and after a previous cancellation any new membership will require full payment in advance. Continual Pass Plans are a minimum of one year – after one year, deductions will continue until the pass holder cancels the plan.(There is no cancellation fee on continual pass plans after the one year commitment has been met.)

See policy manual for all other information concerning pass plans.

Information contained in this application may be provided to police agencies for your protection.

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE THAT REQUIRES REGISTRATION UNDER §9.1-902 OF THE CODE OF VIRGINIA?

Yes No

Participant: _____ Date: _____
PRINT SIGNATURE

Parent Signature: _____ Date: _____
PRINT SIGNATURE