**Tupelo Aquatic Center**

**Registration Form**

**Splash Passes**

**ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant’s Last Name: First Name: MI:

Street:

City: State: Zip:

Phone: Sex: M F DOB: Age: \_\_\_\_\_\_\_

Email: Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Physical Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Address (if different): City: State: Zip:

Email:

\_\_\_\_**Locker Rental**

\_\_\_\_\_\_($48/year with 12-month pass 3ft) \_\_\_\_\_\_($90/year for Shockwave or 1 or 3 month memberships 3ft)

\_\_\_\_\_\_($90/year with 12-month 6ft) \_\_\_\_\_\_($138/year for Shockwave or 1 or 3-month memberships 6’)

**Splash Pass Packages**

You must CIRCLE one - any false information will result in expulsion from Tupelo Aquatic Center. Thank you!

**12 Months Resident Non-resident**

Individual $240 $345

Senior/Corporate $180 $240 Family (up to 4) $360 $480

Sr./Corp. Family (4) $320 $440

**3 Months Resident Non-Resident**

Individual $90 $120

Senior $75 $105

Family $250 $310

**1 Month Resident Non-Resident**

Individual $35 $45

Senior $30 $40

Family $100 $140

Sr Couple $288 $384

**CITY OF TUPELO EMPLOYEE**: \_\_\_\_\_\_\_\_\_ **DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY OF TUPELO EMPLOYEE FAMILY RATE: \_\_\_\_\_\_\_ $140/YEAR RESIDENT \_\_\_\_\_\_\_\_\_$200/YEAR NON-RESIDENT**

I/We the parents of the above child, hereby give approval for his/her participation in any and all activities connected with the above program. I/We assume all risks and hazards incidental to the conduct of the activity, and transportation to and from the activities and I/We do further hereby release and hold harmless the Tupelo Parks and Recreation Department, Tupelo Advisory Board, the City of Tupelo, the sponsors, the supervisors (both staff and volunteer) and/or all them from any and all claims of injury and/or claims arising from participation in the above activity.

In case of injury to my child, I/We likewise waive all claims for damages that we might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

**Registration with Tupelo Parks and Recreation is a binding agreement with the participant. All fees are NON-REFUNDABLE.**

 Participant or Parent/Guardian Signature

Office Use Only

Payment $\_\_\_\_\_ Payment Method: check#\_\_\_\_\_\_ cash\_\_\_\_\_ credit card\_\_\_\_\_\_

Receipt:\_\_\_\_\_\_\_\_ Transaction Number:\_\_\_\_\_\_\_\_\_ Credit Card Appr. Code\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_ Staff Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renew Date: \_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_ Payment Method: \_\_\_\_\_\_\_\_\_ Staff: \_\_\_\_ Receipt#\_\_\_\_\_\_\_\_ Trans # \_\_\_\_\_\_\_\_

Renew Date: \_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_Payment Method: \_\_\_\_\_\_\_\_\_ Staff: \_\_\_\_\_ Receipt#\_\_\_\_\_\_\_\_ Trans # \_\_\_\_\_\_\_\_

Renew Date: \_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_Payment Method: \_\_\_\_\_\_\_\_\_ Staff: \_\_\_\_\_ Receipt#\_\_\_\_\_\_\_\_ Trans # \_\_\_\_\_\_\_\_

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