



Tupelo Aquatic Center Registration Form Splash Passes



ID # _____

Participant's Last Name: _____ First Name: _____ MI: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Sex: M F DOB: _____ Age: _____
 Email: _____ Referred by: _____

Medical/Physical Limitations: _____
 Emergency Contact/ _____ Relation: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Address (if different): _____ City: _____ State: _____ Zip: _____
 Email: _____ **Yes No if you would like it added to Rec-Check.**

Choose which program:
Access to all fitness programs, open recreational swim, and to water walk/lap swim hours.

Are you a Splash Pass User? Yes _____ No _____
 _____ **Locker Rental** (\$48/year with annual pass) (\$90/year for Shockwave)

Splash Pass Packages

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

<u>12 Months</u>	<u>Resident Non-resident</u>		<u>3 Months</u>	<u>Resident Non-Resident</u>		<u>1 Month</u>	<u>Resident Non-Resident</u>	
Individual	\$240	\$345	Individual	\$70	\$100	Individual	\$25	\$35
Senior/Corporate	\$180	\$240	Senior	\$55	\$85	Senior	\$20	\$30
Family (up to 4)	\$360	\$480	Family	\$125	\$155	Family	\$50	\$60
Sr./Corp. Family (4)	\$320	\$440						
Sr Couple	\$288	\$384						

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

Is your child covered by insurance? YES NO

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 \$ _____ Receipt/Invoice #: _____ Payment Method: check# _____ cash credit card
 Date: _____ Staff Member: _____
 Renew Date: _____ Cost: _____ Payment Method: _____ Staff: _____ Invoice # _____
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