



# Durango Community Recreation Center



**Single Memberships**

**Adult** Punch Pass  3mos  6mos  Annual

**Youth** Punch Pass  3mos  6mos  Annual

**Senior** Punch Pass  3mos  6mos  Annual

**Multiple Memberships (max 2 Adults)**

3 Month  6 Month  Annual  # of Adults \_\_\_\_\_ # of Youth \_\_\_\_\_ # of Seniors \_\_\_\_\_

### Primary Household Member Information

Circle T For Towel Service

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  T

First Name Last Name M.I. Date of Birth

\_\_\_\_\_ City State Zip

Home Address Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

I Live Within the City Limits \_\_\_\_\_ I Live Outside the City Limits \_\_\_\_\_

### Additional Family Member Information

Circle T For Towel Service

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  T

First Name Last Name M.I. Date of Birth

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  T

First Name Last Name M.I. Date of Birth

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  T

First Name Last Name M.I. Date of Birth

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  T

First Name Last Name M.I. Date of Birth

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female  T

First Name Last Name M.I. Date of Birth

### Durango Community Recreation Center Waiver

In consideration of your accepting the entries on this form, I hereby, for myself and my family member(s) waive and release any and all rights and claims for damages I may have against the City of Durango and its representatives, employees, successors for any and all injuries suffered by myself or my family member(s) at the above designated activities sponsored by the Parks and Recreation Department.

The Recreation Center will be closed one week each year for maintenance and for New Year's Day, Easter, Thanksgiving Day and Christmas Day. Various areas of the Recreation Center may also be closed at different times during the year.

Refunds and/or pass extensions will only be granted in medical emergencies or re-location.

Children MUST be 14 years of age to access the Fitness Area.

\_\_\_\_\_ Date

Participant's/Parent Signature

**Method of Payment:** Cash  Check  # \_\_\_\_\_ Credit Card  Staff Name \_\_\_\_\_

Renewal  OR New Pass