



City of Moore Parks and Recreation

The Station at Central Park

Aquatic Season Pass Application

The Station at Central Park 700 S. Broadway Moore, OK 73160
Office: 793-5090 Fax: 793-5088



Date: ____/____/____

First and Last Name: _____

Address: _____

DOB: ____/____/____ Gender: ____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Cell Phone Service Provider _____

(2nd Adult) First and Last Name: _____ DOB: ____/____/____

Gender: ____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Cell Phone Service Provider _____

Emergency Contact: _____ Phone: (____) _____

(Other than Listed)

Additional Family Members (Children Under Age 21)

First Name	Last Name	DOB	Age	Gender
		____/____/____		M / F
		____/____/____		M / F
		____/____/____		M / F
		____/____/____		M / F
		____/____/____		M / F
		____/____/____		M / F
		____/____/____		M / F

PASSES	SEASON			
PLEASE <input checked="" type="checkbox"/> THE PASS YOU WISH TO PURCHASE	Season (Resident)		Season (Non-resident)	
ADULT	\$50	<input type="checkbox"/>	\$62.50	<input type="checkbox"/>
YOUTH (4-17YRS)	\$40	<input type="checkbox"/>	\$50	<input type="checkbox"/>
SENIOR (60+ YRS) -	\$40	<input type="checkbox"/>	\$50	<input type="checkbox"/>
MILITARY	\$40	<input type="checkbox"/>	\$50	<input type="checkbox"/>
MILITARY FAMILY	\$110	<input type="checkbox"/>	\$137.50	<input type="checkbox"/>
FAMILY	\$160	<input type="checkbox"/>	\$200.00	<input type="checkbox"/>

City of Moore Release and Hold Harmless Waiver

Attention: Please read the following carefully and initial each line.

_____ In consideration for being permitted to utilize (as a Pass Holder, participant, guest or volunteer) the facilities, service and programs of the The Station at Central Park for any purpose (including, but not limited to observation of use of facilities or equipment, or participation in any program or event affiliated with the City of Moore) the undersigned, for him/herself, any personal representatives, heirs, successors and assign, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated programs. The Station Staff and its employees reserves the right to remove any person or persons from The Station Recreation Center, Aquatics Facility and Park Grounds for not adhering to facility or park rules and/or any inappropriate behavior deemed by staff.

_____ I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I understand that my choice of participating in activities is voluntary on my part, and I affirm my desire to participate in the program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at The Station at Central Park or any event or program affiliated with the City of Moore, without respect to location. I understand that I may sometimes participate in various activities, some of which may include an element of risk.

_____ In consideration of being allowed to participate, I, the undersigned and my parent/Guardian, if applicable, do hereby release, indemnify, hold harmless The City of Moore, all Directors, Employees, and Volunteers from any and all liability claims, demands, costs, expenses, and actions of any nature (including suing) whatsoever arising out of or related to any loss, damage, or injury, including death, which may be sustained by, any members of my family, guests of any age, or property, whether or not caused by any negligence, either active or passive, by or on behalf of the City of Moore. The terms hereof shall also serve as a release and assumption of risk for my heirs, successors, assigns, executor and administrator, and for all members of my family, and may be a bar to litigation. This pass is non-refundable. I acknowledge that the Station has the right to refuse a patron the privilege of signing up for a pass or a service offered by the facility.

I have read and understand the above Hold Harmless Waiver and Annual Pass Agreement

_____ Print Name : _____
SIGNATURE

_____ Print Name : _____
Parent or Guardian Signature(if under the age of 18)

How did you hear about us?

Facebook Internet Flyer Banner Radio/Pandora Newspaper/TV Friend/Other _____

FOR OFFICE USE ONLY

Approved By: _____ Date: ____/____/____

Paid Amount _____ Cash/ CC / Check # _____

Proof of Address: D.L. Water Bill Military Other (specify) _____

Receipt # _____ Supervisor Approval _____