



Bennett Park and Recreation Punch Card Registration Form

First Name	Last Name
Cell Phone	Birthday Age
Email	Emergency Contact Name & Number
PHYSICAL Address	
City	County Zip Code

Daily Utilization

Basic use of the facility, basketball courts, weight room, and cardio equipment.
Does not include aquatic facility usage or fitness classes.

	In District 10 punches	Out of District 10 punches	In District 20 punches	Out of District 20 punches
Youth 2-12	\$36	\$54	\$68	\$102
Teen 13-18	\$45	\$63	\$85	\$119
Adult	\$54	\$72	\$102	\$136
Senior 60+	\$36	\$36	\$68	\$68

Fitness Classes

Per Visit	\$8
10 Punch Card	\$72
20 Punch Card	\$136

**All punch cards expire 1 year from the date of purchase.
No refunds or credits will be given for unused or lost punches.**

*Paper punch cards are the patron's responsibility to keep track of.
Lost cards will not be reimbursed. Losing a card will forfeit all remaining punches.*

SilverSneakers & Optum members **ONLY** \$3 per water class

FOR OFFICE USE ONLY

Punch Card Type _____

Total Payment Due \$ _____ Punch card# _____

LAP SWIM WAIVER

Swimming under this waiver releases Bennett Park and Recreation District and BPRD Board of Directors, from any responsibility in the event of any injury incurred while swimming when lifeguard services are provided.

Swimming under this waiver is also subject to all conditions as described in the Pool Rules & Regulations. By signing this waiver, I have read, fully understand, and am responsible for complying with the Pool Rules & Regulations and Schedule.

Please initial next to each statement acknowledging you have read them and will abide by the rules of lap swimming:

____ I understand that I am only eligible to lap swim if I am over the age of 18 and capable of swimming. (If you cannot swim or are under the age of 18 you are not allowed to lap swim)

____ I understand that the lap swimming is only available during scheduled lap swim times. (Please refer to schedule, schedule is subject to change)

____ I understand that no lifeguard will be on duty at the time I will be swimming.

____ I understand that I must sign in and out for record keeping purposes.

____ I understand that I am encouraged to use the "buddy system" (meaning I should not be in the pool with less than 1 other lap swimmer).

____ I understand that no lap swimmer will be allowed in the pool unless BPRD has an executed waiver on file.

____ I agree to assume all fiscal responsibility for medical rescue or other expenses that I may incur as a result in participating in unsupervised lap swim.

____ I acknowledge that failure on my part, whether direct or indirect, to comply with these requirements and acknowledgments, shall result in the revocation of my right to use the pool for lap swimming purposes.

RISK WAIVER & RELEASE OF LIABILITY

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Bennett Parks and Recreation District including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Bennett Parks and Recreation District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs or activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

By signing this form you are agreeing that you will not enter the facility if you are exhibiting a fever or any flu or COVID like symptoms. You also agree that you will wipe down and clean the equipment before and after use. Violation of these terms will result in you being asked to leave the facility, repetitive violations will result in your membership being canceled. Refunds/credits will not be given.

BY SIGNING THIS FORM YOUR ARE AGREEING TO THE MEMBERSHIP TERMS AND CONDITIONS, RELEASE OF LIABILITY, PHOTOGRAPHY RELEASE, AND LAP SWIM WAIVER.

X _____

Signature

Today's Date