



2017 WATER PARK MEMBERSHIP

Spearfish Rec & Aquatics Center

LAST NAME:

RESPONSIBLE PARTY (REQUIRED)

Please complete for additional memberships

Last Name	First Name	MI
Birth Date (MM/DD/YY)		Gender
Street Address		
City	State	Zip
Email		
Primary Phone	Secondary Phone	
Emergency Contact Name	Relationship	
Emergency Contact Phone	Emergency Contact Alt. Phone	

Last Name	First Name	MI
Birth Date (MM/DD/YY)		Gender
Last Name	First Name	MI
Birth Date (MM/DD/YY)		Gender
Last Name	First Name	MI
Birth Date (MM/DD/YY)		Gender
Last Name	First Name	MI
Birth Date (MM/DD/YY)		Gender

SCAN TAG #

MEMBERSHIP OPTIONS

**2017 Seasonal Water Park Passes are sold as a per person price.
Each pass is \$150.00(+tax) total per person.**

Seasonal Water Park Passes	Regular Rate
Single Pass	<input type="checkbox"/> \$161.25
Second Pass	<input type="checkbox"/> \$161.25
Third Pass	<input type="checkbox"/> \$161.25
Fourth Pass	<input type="checkbox"/> \$161.25
Fifth Pass	<input type="checkbox"/> \$161.25
Total	<input type="checkbox"/> \$ _____

City of Spearfish Residents may be eligible for a discount of up to 24%

Half-Price Sale Ends **May 1, 2017**: All paperwork needs to be completed by May 15, 2017 or will be charged Full Price.

PLEASE COMPLETE NEXT PAGE 

SPEARFISH REC & AQUATICS CENTER

I, the undersigned, have received a copy of the membership policies for the Spearfish Rec & Aquatics Center (SRAC). I agree to abide by these and any future rules and regulations which may become effective. I also agree to discuss these with the aforementioned person, if they are under the age of 18. **Ages 9 and above may be unaccompanied at the water park. Children under the age of 9 years old cannot be unattended and must be accompanied by a person age 14 and older.** I understand memberships may be revoked or suspended for failure to abide by the rules and regulations as outlined within SRAC Policies.

Spearfish Rec & Aquatics Center recommends an adult accompany a child and maintain a safe distance in the water. Patrons, 18-years-old and older, please adhere to the following:

- Supervision of children, 3-years-old and under should be at a 1:3 adult-to-toddler ratio with access to the zero-depth area of the water park. A 1:1 ratio is required for all other pool areas and within an arm's length of toddler.
- For children, ages 4-8, a 1:5 adult-to-youth ratio is required.

The following limits have been established for supervision of children by a teen (at least 14-years-old):

- No more than two children (ages 3-8), or one child (age 3 and under), can be supervised by a teen, 14 to 17 years old.

CITY RESIDENT DISCOUNT

Eligible for up to 24% City of Spearfish Resident Discount. I agree to the following rate: _____ **Member Initials:** _____

Media and Likeness Permission

I authorize... I do not authorize... photos and other materials which may bare my likeness to be used for marketing purposes. **Member Initials:** _____

This membership is non-refundable (after 72 hours) and non-transferable.

I agree to indemnify and hold harmless the City of Spearfish Recreation Department, its successors, assigns, and the City of Spearfish from any and all claims for any and all injuries suffered or caused by said member in use of the equipment, facility or programs used and/or held at the City of Spearfish Recreation Department. It is likewise assumed that the said guest will wear the proper clothing and protective equipment when participating in the programs and/or using the equipment or facilities available at the City of Spearfish Recreation Department. It is the responsibility of the parent or guardian, if member is under the age of 18, to make sure this criteria is met or guardian will assume all responsibility for any and all injuries to the member or by the member while using the equipment, facilities, and participating in the programs offered by the City of Spearfish Recreation Department. I have fully informed myself and/or my child of the contents of this affirmation and release by reading it before I signed it. I understand the terms of the release and agree to abide by them. I acknowledge that I have read and understand the above release and SRAC policies.

X

Printed Name

X _____ **DATE** _____
Signature/ Parent Signature Required if under 18 years of age

OFFICE USE ONLY

Staff: _____ Date: _____ New Renewal CREDIT/DEBIT CASH CHECK# _____