



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