

cleveland heights division of parks & recreation

Activities Registration / Annual ID & Pass Application

Date: _____ Phone: _____ Emergency Phone: _____

Name: _____ Email: _____

Address: _____
street city zip

RATES AS OF JANUARY 1, 2010

	Skating Pass	Field House Pass	Comm. Cntr. Pass		Pool Pass	
	No.	No.	No.		Residents Only:	
Residents:					Pre 6/11	As of 6/11
					No.	No.
Youth K- age 11	\$ 84. _____	\$ 84. _____	\$124. _____			
Youth age 12-HS	\$100. _____	\$110. _____	\$154. _____			
Young adult 18-24	\$120. _____	\$165. _____	\$176. _____		Student through HS	\$23. _____
Adult 25-59	\$140. _____	\$192. _____	\$220. _____		Adults 18-59	\$31. _____
Senior 60 & up	\$ 60. _____	\$ 99. _____	\$ 99. _____		Adults 60+	\$25. _____
Family#	\$250. _____	\$312. _____	\$325. _____		Family	\$77. _____
Non-residents:						
Youth K- age 11	\$210. _____	\$210.* _____	\$310.* _____			
Youth age 12-HS	\$225. _____	\$225.* _____	\$330.* _____			
Young adult 18-24	\$250. _____	\$330.** _____	N/A			
Adult 25-59	\$325. _____	\$384.** _____	N/A			
Senior 60 & up	\$150. _____	N/A	N/A			
Family#	\$625. _____	N/A	N/A			

* Youth residing in the CH-UH School District only. ** Limited categories - see page 7 - begins Feb 1.

Adult head of household and his/her spouse or partner and dependent children occupying household age 18 or under.

Please Note: 30 Day Passes are available at the Community Center. For rates see page 6.

Please complete all information below: (For I.D. card and/or passes as well as for Programs and Activities)

Name	M/F	Date of Birth	Activity/ID Card/Pass	Fee

Optional Scholarship Donation: _____

Pass and Activities Total: _____

Check made payable to "City of Cleveland Heights"

cash check Credit Card # _____ Signature _____
 VISA MasterCard

RELEASE OF LIABILITY/MEDICAL TREATMENT CONSENT & PASS HOLDER'S AGREEMENT

The above applicant(s) request the purchase of an annual pass(es) for the Community Center. The applicant agrees to obey all rules governing the operation of the facility and also agrees that there will be NO REFUNDS on PASS(ES) purchased for use in the Community Center and that such passes are NOT TRANSFERABLE. Pass(es) must be purchased by applicant or parent. Family membership is limited to an adult head of household and his/her spouse or partner and dependent children occupying household age 18 or under. Preschool children must be accompanied by an adult, at all times. Incomplete applications will not be accepted.

In consideration of the City of Cleveland Heights ("City") providing sponsorship and/or providing facilities, I hereby release and hold harmless and agree to indemnify the City and its employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injury or property damage sustained or caused by me or my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician.

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for myself and for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, officers, agents or representatives of the City and its Parks and Recreation Division, and further agree to assume all expenses for said treatment.

X _____
signature date