



**City of Moore Parks and Recreation**  
**The Station at Central Park Pass Application**  
 The Station at Central Park 700 S. Broadway Moore, OK 73160  
 Office: 793-5090 Fax: 793-5088

**1st Adult**

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**2ND Adult - FAMILY PASS, MILITARY FAMILY PASS, OR SENIOR COUPLE PASS ONLY**

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Additional Family Members (Children UNDER Age 21-FAMILY PASSES ONLY)**

\*Verification for dependents must be provided before they are able to be added to the pass\*

\*\*Children under the age of 13 must be accompanied by an adult 18 years or older inside the Aquatic Facility or the Recreation Facility\*\*

Verified	First & Last Name	DOB
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____

PASSES	15 ADMISSIONS				3 MONTH				* ANNUAL			
	RES.		NON-RES.		RES.		NON-RES.		RES.		NON-RES.	
<b>PLEASE ☑ THE PASS YOU WISH TO PURCHASE</b>												
ADULT (18+)	\$72	<input type="checkbox"/>	\$90	<input type="checkbox"/>	\$140	<input type="checkbox"/>	\$176	<input type="checkbox"/>	\$375/ \$32 mo	<input type="checkbox"/>	\$470/ \$40 mo	<input type="checkbox"/>
YOUTH (Ages 4-17 years)	\$72	<input type="checkbox"/>	\$90	<input type="checkbox"/>	\$103	<input type="checkbox"/>	\$130	<input type="checkbox"/>	\$275/ \$23 mo	<input type="checkbox"/>	\$345/ \$29 mo	<input type="checkbox"/>
SENIOR (60+)	\$60	<input type="checkbox"/>	\$78	<input type="checkbox"/>	\$103	<input type="checkbox"/>	\$130	<input type="checkbox"/>	\$275/ \$23 mo	<input type="checkbox"/>	\$345/ \$29 mo	<input type="checkbox"/>
SENIOR COUPLE (60+)									\$450/ \$38 mo	<input type="checkbox"/>	\$563/ \$47 mo	<input type="checkbox"/>
MILITARY INDIVIDUAL	\$60	<input type="checkbox"/>	\$78	<input type="checkbox"/>	\$103	<input type="checkbox"/>	\$130	<input type="checkbox"/>	\$275/ \$23 mo	<input type="checkbox"/>	\$345/ \$29 mo	<input type="checkbox"/>
MILITARY FAMILY					\$185	<input type="checkbox"/>	\$230	<input type="checkbox"/>	\$500/ \$42 mo	<input type="checkbox"/>	\$625/ \$52 mo	<input type="checkbox"/>
FAMILY					\$225	<input type="checkbox"/>	\$281	<input type="checkbox"/>	\$600/ \$50 mo	<input type="checkbox"/>	\$750/ \$63 mo	<input type="checkbox"/>

**\*ALL ANNUAL PASSES WILL AUTOMATICALLY RENEW, UNLESS NOTIFIED BY WRITTEN NOTICE OF CANCELLATION:** \_\_\_\_\_ (Initial)

**ANNUAL PASS AGREEMENT & PAYMENT**

**(Please select a payment option)**

Credit Card

Debit Card

I agree to pay my monthly annual pass dues for The Station at Central Park by using automatic bank withdrawal from my checking/savings account or credit/debit card withdrawal with my credit or debit card information listed above.

I agree that if, for any reason, I wish to terminate the status of my annual pass for The Station at Central Park, I must submit The Station pass cancellation form prior to the next draft date (which is the 1<sup>st</sup> of each month). Once received, the passholder will be responsible for the following draft on the first of the following month as it falls within the one month window. If payment is not made on past due accounts within 10 days, a \$25 late fee will be charged to my account. If payment is not made within the month that it is due, a \$40 fee will be charged to re-activate my account. I understand that the only way for my pass to be put "on hold" is due to military deployment or medical injury and that appropriate documentation regarding either will be requested. \_\_\_\_\_ (customer initial)

Annual Monthly Payment Amount: \_\_\_\_\_ (Will be drafted on the 1<sup>st</sup> business day of every month)

**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. The Station Staff and its employees reserves the right to deny purchase of pass membership or day passes to any person or persons. The Station Staff and its employees also reserve 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.

\_\_\_\_\_ The Station has the right to audit my pass annually to ensure that the members on the pass meet the parameters of the pass. If I do not correct the pass, the Station is permitted to suspend or cancel my pass as they see fit.

\_\_\_\_\_ 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. I acknowledge that the Station has

\_\_\_\_\_ All children under the age of 13 must be accompanied by an adult 18 years or older to be able to enter the Aquatic Facility or Recreation facility. The adult must stay within the facility with the child. The adult is not permitted to leave the child unaccompanied within either facility. Failure to adhere to this rule may result in suspension from the Facility as we withhold 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**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

Parent or Guardian Signature (if under the age of 18)

\_\_\_\_\_  
**PRINT NAME**

How did you hear about us? Facebook  Internet  Flyer  Banner  Radio/TV  Newspaper

**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cash/ CC / Check # \_\_\_\_\_

Proof of Address: D.L.  Water Bill  Military ID  Other (specify)  \_\_\_\_\_

Receipt # \_\_\_\_\_ Paid Amount \_\_\_\_\_ **Supervisor Approval** \_\_\_\_\_