

HH # \_\_\_\_\_



Day Pass Information Sheet

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_
Email \_\_\_\_\_

Primary Holder (18+)

First Name \_\_\_\_\_
Last Name \_\_\_\_\_
Birthdate \_\_\_\_\_ Gender (circle): Male Female
Cell Phone \_\_\_\_\_

Secondary Holder (18+)

First Name \_\_\_\_\_
Last Name \_\_\_\_\_
Birthdate \_\_\_\_\_ Gender (circle): Male Female
Cell Phone \_\_\_\_\_
Relationship \_\_\_\_\_

Children in Household (Under 18)

First Name \_\_\_\_\_
Last Name \_\_\_\_\_
Birthdate \_\_\_\_\_ Gender (circle): Male Female
Grade (K-12) \_\_\_\_\_

First Name \_\_\_\_\_
Last Name \_\_\_\_\_
Birthdate \_\_\_\_\_ Gender (circle): Male Female
Grade (K-12) \_\_\_\_\_

First Name \_\_\_\_\_
Last Name \_\_\_\_\_
Birthdate \_\_\_\_\_ Gender (circle): Male Female
Grade (K-12) \_\_\_\_\_

First Name \_\_\_\_\_
Last Name \_\_\_\_\_
Birthdate \_\_\_\_\_ Gender (circle): Male Female
Grade (K-12) \_\_\_\_\_

In consideration of gaining membership or otherwise being allowed to use the Lenexa Rec Center ("Facility") and/or participate in the activities or programs occurring at said Facility, I (if over 18), the undersigned, Participant/Parent/Guardian, understand and agree that the City of Lenexa, Kansas, is not and shall not be responsible for or liable for any illness or injury to person or for loss of or damage to property that I (or the participant, if a minor) may suffer as a result of the use of the Facility and/or participation in said activities or programs. I hereby forever release and hold harmless the City of Lenexa, Kansas, its employees, agents and representatives from any and all claims of any kind that I, or my respective heirs, executors, administrators or assigns, may have or claim to have resulting from the use of the Facility or participation in said activities or programs. I recognize that there are inherent risks and dangers in the activities that I will take part in, I expressly agree to accept and assume all such risks existing in said activities, including risks of injury. I acknowledge that I have been urged and advised to seek the advice of a physician before I (or the participant) use the Facility or participate in any activity or program occurring at the Facility.

Signature \_\_\_\_\_