

Please fill out this form and turn in the completed two pages with payment to the Donal Snyder Center to receive your pass(es).



**DONAL SNYDER SR. COMMUNITY CENTER REGISTRATION FORM  
AQUATICS/FITNESS PASS**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROOF OF RESEDIENCY IS REQUIRED; CURRENT DRIVERS LICENSE, VOTER REGISTRATION CARD, OR UTILITY BILL WILL BE ACCEPTED. PERSONAL CHECK ADDRESS WILL NOT BE ACCEPTED.**

**Fitness** (includes access to pool)

Monthly:

Resident \$25.00 \_\_\_\_\_

Non-resident \$40.00 \_\_\_\_\_

Annual – Individual

Resident \$175.00 \_\_\_\_\_

Non-resident \$250.00 \_\_\_\_\_

Senior resident \$ 60.00 \_\_\_\_\_

Senior non-resident \$110.00 \_\_\_\_\_

Annual – Family (2-6 persons per household)

Family resident \$250.00 \_\_\_\_\_\*

Family non-resident \$300.00 \_\_\_\_\_\*

Senior Fam. Resident \$125.00 \_\_\_\_\_\*

Senior Fam. Non-resident \$175.00 \_\_\_\_\_\*

\*For fitness, youths 13-17 years of age, must be accompanied by a parent or guardian.

No one under 13 years of age is allowed.

Monthly passes are for one person use.

**Aquatics**

15 visits pass \$20.00 \_\_\_\_\_

(expires in 90 days)

Annual – Individual

Resident \$125.00 \_\_\_\_\_

Non-resident \$175.00 \_\_\_\_\_

Senior resident \$ 60.00 \_\_\_\_\_

Senior non-resident \$ 90.00 \_\_\_\_\_

Annual – Family (2-6 persons per household)

Family resident \$175.00 \_\_\_\_\_\*\*

Family non-resident \$200.00 \_\_\_\_\_\*\*

Senior Fam. resident \$100.00 \_\_\_\_\_\*\*

Sen. Fam. non-resident \$150.00 \_\_\_\_\_\*\*

\*\*For aquatics, youths 9 and younger must be accompanied by an adult (18 and older is considered an adult).

15 visit passes are for one person use.

Senior citizen discounts are for individuals age 55 and older.

**OFFICE USE ONLY**

**Payment**

15 visits pass: \_\_\_\_\_ Monthly: \_\_\_\_\_ Annually: \_\_\_\_\_ Amount: \_\_\_\_\_

**Method of Payment**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Money Order: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Received by: \_\_\_\_\_

Parks & Recreation Department



Director	(228)435-6292
Asst. Director	(228)435-6296
Administration	(228)435-6294
Recreation Office	(228)435-6185
Donal Snyder Office	(228)436-5191
Aquatics	(228)435-6205

**RELEASE AND INDEMNITY**

WHEREFORE, for and in consideration of the use of certain weight room facilities and exercise equipment and/or Aquatic facilities owned by the City of Biloxi, Mississippi, and located in the Donal Snyder Community Center/Biloxi Natatorium, I, \_\_\_\_\_, do hereby release, acquit and forever discharge the City of Biloxi, Mississippi, and all of its respective agents, servants, employees, elected and non-elected officials, successors, predecessors, insurers, attorneys, and any and all other legal entities and persons, of and from any and all claims, demands, actions, damages, liability, or legal recourse of any type, and expenses (including attorneys fees) in connection with or arising from or out of my use of said weight room and/or exercise equipment, or use of the aquatic facilities.

**WHEREFORE, PREMISES CONSIDERED:**

The undersigned further agrees that the he/she shall indemnify and hold harmless the City of Biloxi against and from all claims, demands, actions, rights of action, liabilities, losses, judgments, costs, expenses, and attorney fees which shall or may arise by virtue of anything done or omitted to be done by us, including through or by its agents, employees, or other representatives, arising out of, claimed on account of, or in any manner predicated upon the use of the above identified room and equipment. The undersigned further agrees to protect and save and keep the City harmless and indemnify the City against and from any and all claims, demands, actions, liabilities, judgments, losses, costs, damages or expenses (including attorneys fees) arising out of, claimed on account of, or in any manner predicated upon any accident or other occurrence arising from the use of the above identified room and equipment causing injury to person(s) (including death) or property to whomsoever or whatsoever in law and equity. This the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

*(Parent's signature is required for those under age 18; guardian's signature is required for any minor for whom a guardian is appointed.)*

**PHOTOGRAPHIC LIKENESS CONSENT**

Please Print Name: \_\_\_\_\_

By signing below I give the City of Biloxi Parks and Recreation Department permission to use my and/or my child's photographic likeness, in promotional publications, educational publications, display and in other media.

I grant permission to the City of Biloxi Parks and Recreation Department to use, reproduce, distribute and/or publicize my and/or my child's photographic likeness taken by the City of Biloxi Parks and Recreation Department. Publication, use and distribution of my and/or my child's photographic likeness may be by any means and without limit. Publication or use may occur in any media, including newspapers; magazines, television; brochures; pamphlets; instructional material; books; Internet, web pages, and educational material.

I acknowledge that I understand that the City of Biloxi Parks and Recreation Department intends to use my and/or my child's photographic likeness for educational and promotional purposes.

This agreement is binding on successors, assigns and/or heirs.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent's signature is required for those under age 18; guardian's signature is required for any minor for whom a guardian is appointed.)*