

COMMUNITY CENTER 12-MONTH PASS / ADMISSION POLICY

All Community Center 12-MONTH PASSES purchased and/or renewed will be issued per following fee structure:

	<u>Resident</u>	<u>Non-Resident</u>
YOUTH	\$18	\$36
ADULT	\$30	\$60

ADMISSION POLICY:

Unlimited general admission to adult open gym, youth open gym, pre-school open gym, all ages open gym, toddler time, indoor youth dances, indoor family movie series as well as the adult lounge, youth lounge, gathering area and track **without having to pay any additional daily use fees of \$1, \$2, \$3, \$6, \$12 per visit.**

- To enjoy any of the above noted opportunities a "CARDHOLDER" must swipe his/her card at the Service Desk Terminal
- "NON—I.D. CARDHOLDERS" must pay the appropriate daily (\$1, \$2, \$3, \$6, \$12) user fee.
- If you have any questions please stop by the Community Center Service Desk, 3101 McCully Road, Allison Park, PA 15101 or call 412-487-7870

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Township of Hampton Department of Community Services COMMUNITY CENTER 12-MONTH PASS

Posted by _____

12-Month Pass Age Requirement — must be at least 10-years old

Resident of Hampton Non-Resident

Refunds / Rain Checks NOT GIVEN

PATRON or (Parent /Guardian of minor) LAST NAME: _____

When "ONLY registering 10 to 17 year old" please print Parent /Guardian "FIRST" NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home _____ Cell _____ Work _____

(CENTER MEMBERS ONLY—do not list anyone under 10 years of age)

CENTER MEMBERSHIP

	<u>First Name</u>	<u>Last Name</u>		<u>Date of Birth</u>	<u>Age</u>	<u>Amt Paid</u>	<u>NEW</u>	<u>RENEWAL</u>
1.	_____	_____	M- <input type="checkbox"/> F- <input type="checkbox"/>	___/___/___	___	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	M- <input type="checkbox"/> F- <input type="checkbox"/>	___/___/___	___	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	M- <input type="checkbox"/> F- <input type="checkbox"/>	___/___/___	___	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	M- <input type="checkbox"/> F- <input type="checkbox"/>	___/___/___	___	_____	<input type="checkbox"/>	<input type="checkbox"/>

12 MONTH FEE: Adult 18 & over: Resident: \$30.00 / Nonresident \$60.00

Youth 10 to 17: Resident: \$18.00 / Nonresident \$36.00 **TOTAL PAID** _____

Youth 9 & under — FREE: Must be accompanied by an adult at least 18 years old with DCS ID

Lost / Damaged Card Replacement Policy: First replacement FREE, thereafter, \$5.00 per replacement

VISA/ MasterCard _____ CREDIT TRANSFER _____ CASH _____ CHECK # _____

My signature indicates that I have not misrepresented any information on this form and I understand the Township of Hampton will not be held responsible for or make medical payments for any injuries that may occur during non-supervised programs, activities or events . X _____