



Pass #: _____
Exp. Date: _____

Parks
 1325 Waterloo Lane
 Gardnerville, NV 89410
 (775) 782-9835
 (775) 782-5799- FAX

Recreation & Senior Center
 1327 Waterloo Lane
 Gardnerville, NV 89410
 (775) 782-9828
 (775) 782-9844 FAX

Lake Tahoe
 Kahle Community Center
 236 Kingsbury Grade
 Stateline, NV 89449
 (775) 586-7271 / (775) 586-7273 FAX

Director: Scott Morgan

KAHLE COMMUNITY CENTER PASS REGISTRATION FORM
CONTACT INFORMATION

NAME			M/F
	First	Last	Gender
If Youth, Name of Parent or Guardian			M/F
	First	Last	Gender
Mailing Address			
	Number & Street	City / State	Zip
Home Phone	Cell Phone	Work Phone	
Email Address			

Pass Registration Category

_____ YOUTH (6 th &7 th)	AGE _____	DATE OF BIRTH _____	Grade _____
_____ TEEN (8 th -12 th)	AGE _____	DATE OF BIRTH _____	Grade _____
_____ STUDENT (18-25)	AGE _____	DATE OF BIRTH _____	(with Valid College I.D.)
_____ ADULT (18-59)	AGE _____	DATE OF BIRTH _____	
_____ SENIOR (60)	AGE _____	DATE OF BIRTH _____	

*** Parent or Guardian must sign Release and Consent to Treat Form**

Pass Type ___ 30-Day ___ 90-Day ___ Annual * ___ Renewal ___ Disabled Veteran ___ Youth/Teen Scholarship

***Membership Card is free with membership purchase & renewal (if necessary).**

***Replacement Membership Card fee: \$10.00**

Medical Conditions, Refund Procedure, Agreement, Waiver and Release

MEDICAL CONDITIONS:

(Any medical conditions that may require monitoring or special assistance)

REFUND AGREEMENT

30 Day & 90 Day Passes are not eligible for refund. Annual passes may be eligible for a refund under circumstances involving severe medical conditions, customer satisfaction concerns or relocation out of the area. A formal refund request must be made in a timely manner using DCPRD forms. The Department will review the date of request and the date of purchase in evaluating the refund request. The customer may or may not be eligible for a refund depending upon the time of request in relation to the number of months passed within the

More than just fun and games!

30 Day Pass rate for each 30 day period used and refund the difference between that amount and the amount paid for the Annual Pass. A \$5.00 processing fee will be applied and a \$10.00 processing fee will be applied to Auto-Debit Annual Pass refunds. The Department will not refund or modify beginning or ending pass effective dates due to participant's lack of use or inability to use due to personal injury or other reason.

PARENTAL CONSENT AND LIABILITY RELEASE

I hereby consent that my child _____, participate in the above activity, and I execute this agreement, waiver, and release on his/her behalf. I state that the minor is physically able to participate in the activity. I hereby agree to indemnify and hold Douglas County, and its employees, representatives, and entities, free and harmless from any loss, liability, damage, cost, or expense incurred as a result of or related to the death or any personal injury or property damage that the minor may sustain while participating in the activity.

PHOTO RELEASE

“From time to time the Douglas County Parks & Recreation Department may desire to use a picture of your child captured during DCPR activities and other DCPRD programs. These pictures will solely be used for Douglas County related promotional purposes including press releases, brochures, flyers, and web postings. I hereby authorize DCPR to use my child’s photograph for promotional purposes for press releases, brochures, flyers, and/or any other publication. I acknowledge that only DCPRD is authorized to use the image(s). I am not giving my authorization for the use of any image of my child by any other individual or organization. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. I hereby release DCPR and its officers from any legal responsibility or liability for disclosure of the images.”

I HAVE CAREFULLY READ THE AGREEMENT, WAIVER, AND RELEASE SET FORTH ON THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY AND I SIGN IT OF MY OWN FREE WILL.

PARENT SIGNATURE: _____ **DATE:** _____

CONSENT TO TREATMENT OF MINOR

“In the event of sudden illness, accident, or injury which may occur while the minor is engaged in an activity supervised by Douglas County Parks & Recreation and their representatives, agents, or assignees, when neither the parents, guardian, or designated family physician can be contacted, I hereby give consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of Nevada.”

I UNDERSTAND THAT THE DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT DOES NOT PROVIDE MEDICAL INSURANCE ON THIS ACTIVITY AND WILL ADHERE TO ALL OF ITS RULES AND POLICIES.

PARENT SIGNATURE: _____ **DATE:** _____

Family Physician _____ Phone _____ Medical Insurance Carrier _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by Douglas County to utilize the above facility, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of facility use. This release is intended to discharge in advance the County (it’s officers, employees, and agents) from any and all liability arising out of or connected in any way with my facility use, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that my use of facilities involves an element of risk and danger of accidents and knowing these risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while utilizing this facility. I agree to adhere to any and all facility use rules adopted by Douglas County.

SIGNATURE: _____ **DATE:** _____

FOR AUTO WITHDRAWAL CUSTOMERS ONLY

* If purchasing an annual pass, you may utilize an auto withdrawal payment plan. The first quarter installment is due now, with the remaining balance automatically deducted from your debit or credit card account for the next three (3) months. A \$1.50 charge will be added to each installment for Annual Pass holders utilizing the auto debit system.

I agree to make payment for the period of this agreement and to cover any Non-Sufficient Fund charges that may arise. I agree to the terms and conditions of this service and hereby authorize an automatic debit to my bank account in payment of fees.

SIGNATURE _____ DATE _____

STAFF USE ONLY

Auto Debit Credit Card Info

Visa Mastercard Card #: _____ Expiration Date: _____

CRV _____ Mailing Address for card: _____

Payment Type: Cash _____ Check _____ Charge _____ Auto Withdrawal _____ Gift Certificate. _____

Amount Paid _____ Receipt # _____ Date _____ Completed By _____