



HANNIBAL PARKS AND RECREATION DEPT
320 Broadway ▪ Hannibal, MO 63401
Phone: 573-221-0154 ▪ Fax: 573-221-0155



CITY OF HANNIBAL
PARKS & RECREATION DEPT

BOXING CLUB MEMBERSHIP - REGISTRATION FORM \$40.00 MEMBERSHIP FEE

TYPE OF MEMBERSHIP APPLYING FOR:

YOUTH PASS (3-17 years old) _____ ADULT PASS (18 +years old) _____

Last Name of Pass User: _____ First Name: _____

Street Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Date of Birth: _____

The membership applicant or parent/guardian of applicant understands that:

Proof of membership must be shown when asked by Parks and Recreation/Boxing Club Employees.

Hannibal Parks & Recreation cannot offer refunds/rain checks due to acts beyond our control. Should such conditions arise; NO REFUNDS or prorating of passes will be offered.

Management of the Admiral Coontz Armory/Boxing Club and of the Hannibal Parks & Recreation Dept. has the right to ask the pass holder to leave the facility and premises, suspend for a period of time or terminate the season membership due to violations of rules and policy. No refund will be given.

The Hannibal Parks & Recreation Dept. is not responsible for lost or stolen ID cards. The replacement cost is \$5.00 per card.

I have read and understand the refund policy. Initial _____

Release and Hold Harmless Agreement

The undersigned, for himself/herself and as guardian of the minor children listed above, hereby releases THE CITY OF HANNIBAL, MISSOURI, its public officials, employees, representatives and agents, and agrees to hold the same harmless from any and all claims arising from personal injury or property damage that in any manner relate to the use by the undersigned and/or said minor children of the Hannibal Aquatic Center and areas in the immediate vicinity thereof. Such: "use" shall include, but not be limited to: participation in classes, lessons and recreational programs, playground and pool equipment and facilities, consumption of food and drink, and storage of personal items. The undersigned acknowledges that this release and hold harmless agreement is required as a condition to use the Hannibal Aquatic Center and areas in the immediate vicinity thereof.

Applicant Signature

Date

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Cash: _____ Credit Card _____ Check # _____ Staff _____

GET UP! GET ACTIVE!