

CITY OF ST. ROBERT

M I S S O U R I
P a r k s a n d R e c r e a t i o n

Yearly Membership Application

□ Individual (Age 3-54) \$75.00 □ Senior (Age 55+) \$60.00 □ Family* \$150.00 □ Additional Family \$25 X_____

(If you are purchasing a Family Pass, the Head of Household will fill in the top information.)

Last Name	
First Name	
Phone #	
Email	
Address	

Members must have a photo ID in order to use their membership.

Family Membership Application Only:

Family Passes include a maximum of 2 adults and 2 dependents. Each additional child, ages 3 to 18, is an additional \$25.00 charge. One adult must be the child(ren)'s legal guardian or birth parent. All family members covered by the pass must live together at one residence. Any adult dependents must be able to provide proof of residence.

Please list below the names and information of all family members to be included in the Family Season Pass.

First Name	Last Name (If different than HOH)	DOB	AGE	Relationship to Head of Household

Only the members listed on the season pass application will be covered by it. Additional guests will need to pay separately. Memberships expire on the last day of the year of the application date. Members must adhere to all facility rules and regulations.

Signature: _____ Date: _____

For Office Use Only: Amount Paid _____ Date Paid _____ Staff Initials _____

Emergency Contacts

Children 11 and under must have an adult with them while in the facility.

Children 12-18 must have an emergency contact on file in order to use their membership without an adult.

Adults may also include emergency contacts but are not required to do so.

Name

Phone#

Relation

Name

Phone#

Relation
