

PARKS AND RECREATION

1520 17th Street P.O. BOX 87 Two Rivers, WI 54241-0087

Name:		D.O.B:		
Address	City:	State:	Zip Code:	
Phone:	Email:			
Emergency Contact:				
Name:		Phone:		
Membership Type:				
☐ Annual Adult Resident (18-54) \$95.00 + tax		□ Adult Joint Annual Resident *MUST be 2 Adults (18-54) providing same household resident address on ID* \$175.00 + tax		
☐ Annual Adult Non-Resident (18-54) \$142.50		☐ Adult Joint Annual Non-Resident *MUST be 2 Adults (18-54) providing same household		
□ Annual Senior 1 \$65.00 + tax	Resident (55+)	address on ID* \$262.50 + tax		
 ☐ Annual Senior : ☐ \$97.50 + tax 	Non-Resident (55+)	☐ Family Annual Resident *MUST be 2 Adults (18-54) and 2 Students (16-18) providing same household resident address on ID* \$295.00 + tax		
		■ Family Annu *MUST be 2 Adults (1 providing same house \$442.50 + tax	(8-54) and 2 Students (16-18)	
and do occasionally occasustain as a result of my activities or use of the Comunicipality, its agents a cost and expenses (include recreational activities, of the negligence of the mu Two Rivers Parks & Rec	ur. I am aware of these inherent involvement in any Two Rivers I ity of Two Rivers "municipality" and employees, from any and all ding attorney's fees), with respect the use of and all recreational incipality. This agreement will respect to the use of and all recreational incipality.	risks and take full responsibility Parks & Recreation Department's recreational facilities. I furthethe claims, for any responsibility, that to any and all injuries and classifications of the municipality evention in full force and effect unition of this Relinquishment of C	at "municipality" recreational er release and hold harmless the liability, penalty, forfeiture, suit,	
Signature of Member	ship Holder			
X		Date:		

Key Card Number: _____ Exp Date: _____ Total: _____

