

City Council
 John Bendo, *President*
 Karen McInnis, *Vice President*
 Michael A. Delury
 Scott J. Mandel
 Elizabeth M. Treston

City of Long Beach



City Manager
 Donna M. Gayden

**Assistant Superintendent
 of Parks and Recreation**
 Paul Ferrante

Parks and Recreation Department

RECREATION MEMBERSHIP

LONG BEACH SCHOOL DISTRICT RESIDENT

- **PROOF OF RESIDENCY** is required. Residents must show **two proofs of residency** such as a current utility bill and photo ID.
- **MEMBER MUST RESIDE IN POINT LOOKOUT, LIDO BEACH OR EAST ATLANTIC BEACH**
- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership.
- Membership (*Child membership not included*) entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Locker Room, Steam Room & Showers.
- Make checks payable to **CITY OF LONG BEACH**. Cash, Visa and Master Card are also accepted.
- Please **CHECK-IN AT FRONT DESK** each time you come.

Membership is non-transferable and non-refundable

ONE YEAR FACILITY RATES	SIX MONTH FACILITY RATES
_____ Child (15 & Under) \$185.00	_____ Child (15 & Under) \$110.00
_____ Adult \$315.00	_____ Adult \$180.00
_____ Couple \$440.00	_____ Couple \$260.00
_____ Family Plan \$500.00	_____ Family Plan \$295.00
_____ Senior Citizen (60+) \$180.00	_____ Senior Citizen (60+) \$105.00
_____ Physically Challenged \$180.00	_____ Physically Challenged \$105.00
THREE MONTH FACILITY RATES	MONTHLY FACILITY RATES
_____ Child (15 & Under) \$65.00	_____ Child (15 & Under) \$30.00
_____ Adult \$105.00	_____ Adult \$50.00
_____ Couple \$160.00	_____ Couple \$70.00
_____ Family Plan \$185.00	_____ Family Plan \$85.00
_____ Senior Citizen (60+) \$60.00	_____ Senior Citizen (60+) \$22.00
_____ Physically Challenged \$60.00	_____ Physically Challenged \$22.00

(Please PRINT clearly and check desired membership)

NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

COUPLE NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

STREET _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE _____

I agree to abide by all rules, regulations and terms of the City of Long Beach Recreation Department. Those found in violation may have membership and/or access privileges revoked.

Signature _____ Signature _____

SCHOOL DISTRICT RESIDENT MEMBERSHIP APPLICATION

***FAMILY PASS INFORMATION**

FAMILY NAME _____

1. Name _____ **Age** _____ **DOB** _____

2. Name _____ **Age** _____ **DOB** _____

3. Name _____ **Age** _____ **DOB** _____

4. Name _____ **Age** _____ **DOB** _____

5. Name _____ **Age** _____ **DOB** _____

6. Name _____ **Age** _____ **DOB** _____

7. Name _____ **Age** _____ **DOB** _____

8. Name _____ **Age** _____ **DOB** _____

9. Name _____ **Age** _____ **DOB** _____

*** Family Pass includes Parents and children 15 and under residing at the same address.**

RECEIPT # _____ **AMT PAID** _____ **DATE** _____ **STAFF** _____