

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

Interim Commissioner
 of Parks & Recreation
 Joseph Brand

Parks and Recreation Department

RECREATION MEMBERSHIP NON – RESIDENT

- **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 with proper identification, such as Driver's License. Cash, Visa and MasterCard 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) \$250.00	_____ Child (15 & Under) \$150.00
_____ Adult \$420.00	_____ Adult \$240.00
_____ Couple \$560.00	_____ Couple \$320.00
_____ Family Plan \$600.00	_____ Family Plan \$350.00
_____ Senior Citizen (60+) \$240.00	_____ Senior Citizen (60+) \$140.00
_____ Physically Challenged \$240.00	_____ Physically Challenged \$140.00
THREE MONTH FACILITY RATES	MONTHLY FACILITY RATES
_____ Child (15 & Under) \$90.00	_____ Child (15 & Under) \$40.00
_____ Adult \$140.00	_____ Adult \$70.00
_____ Couple \$200.00	_____ Couple \$85.00
_____ Family Plan \$225.00	_____ Family Plan \$100.00
_____ Senior Citizen (60+) \$80.00	_____ Senior Citizen (60+) \$30.00
_____ Physically Challenged \$80.00	_____ Physically Challenged \$30.00

(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 _____

NON – 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** _____