

Rec Day Pass

Wylie Recreation Center - Recreation Day Pass

- **PURPOSE** – Available to those unable to come into the Facility to complete the transaction in-person. Examples: parent at work, child is visiting relative in Wylie or parent is out of town.
- **ADULT Day Pass Holders – Original or copy of valid driver’s license is required.**
- **KID Day Pass Holders - Original or copy of Parent/Legal Guardian valid driver’s license is required.**
- The completed form and driver’s license may be hand delivered **-OR-** scanned/emailed to **Recreation@WylieTexas.gov**.
- Must be complete, including appropriate signature prior to Pass purchase.
- Print clearly.
- In person payment is required.



Pass Holder’s Information

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____

Home Phone _____ Cell Phone _____

Alternative Phone _____ Email address _____

Are you the Primary Contact for your Family Account? Yes No

{Family Account} Primary Contact’s Information

(If different from Pass Holder -OR- Parent/Legal Guardian if Pass Holder is Age 17 and younger)

First Name _____ Last Name _____

Birthdate _____

Cell Phone _____ Alternative Phone _____

Email address _____

{Family Account} Emergency Contact’s Information

(Lives outside of Pass Holder’s household)

First Name _____ Last Name _____

Relationship _____

Cell Phone _____ Alternative Phone _____



By purchasing a Pass, agreement with all Recreation Rules and Guidelines and Terms of Use is implied. Guests are responsible for obtaining and reviewing a copy of Rules and Guidelines; available in person and on the City of Wylie website. WylieTexas.gov > [Wylie Recreation Center > Recreation Rules and Guidelines](#)

Rec Day Pass

Pass Terms of Use

- The Day Pass allows the identified person entrance to the Wylie Recreation Center during operating hours for the day purchased only.
- The use of the Day Pass is governed by, and the pass holder agrees to abide by, City of Wylie Parks and Recreation Department policies and procedure.
- A Day Pass is non-refundable and non-transferable.
- Each guest that does not have an Active Recreation Pass must purchase a Day Pass or a Recreation Pass.
- A completed City of Wylie Waiver and Release is required for all Day Pass holders.
- Valid proof of identification and address is required to purchase a Day Pass.
- The City of Wylie may ask for identification at any time.

I UNDERSTAND THAT THE ACTIVITIES/PROGRAMS HELD WITHIN THE PARKS AND RECREATION DEPARTMENT MAY INCLUDE PHYSICAL ACTIVITY AND EXERCISE WITH THE POSSIBILITY OF PHYSICAL CONTACT AND BODILY INJURY TO MYSELF OR MY CHILDREN OR WARD (IF ANY) LISTED ABOVE, AND THAT THE PARKS AND RECREATION DEPARTMENT AND ITS STAFF AND THE CITY OF WYLIE (THE CITY), ARE NOT UNDERTAKING RESPONSIBILITY TO OVERSEE ACTIVITIES THAT ARE FREE FROM THE RISK OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY, AND I HEREBY ASSUME ALL OF SAID RISKS FOR MYSELF AND MY CHILDREN. IN CONSIDERATION OF THE USE AND AVAILABILITY OF THE SERVICES AND FACILITIES, BY ME AND THE ABOVE LISTED CHILDREN AND WARDS IF ANY, I HEREBY AGREE TO RELEASE, RELIEVE, HOLD HARMLESS, AND INDEMNIFY THE CITY, THE CENTER, AND THEIR RESPECTIVE OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES FROM ALL LIABILITY AND CLAIMS ARISING OUT OF ANY ACCIDENT OR INJURY SUFFERED OR INCURRED BY ME OR SAID CHILDREN OR WARDS WHILE ENROLLED IN ANY CLASS OR PROGRAM SPONSORED, ORGANIZED OR SUPERVISED BY THE CENTER OR THE CITY, EXCEPT FOR ACTS OF GROSS NEGLIGENCE OR INTENTIONAL ACTS OF THE SAID OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES. FURTHER, IN CASE OF ACCIDENT, INJURY OR SUDDEN ILLNESS, I AUTHORIZE ANY FIRST-AID OR EMERGENCY MEDICAL CARE WHICH MAY BECOME NECESSARY FOR MY CHILD, WARD OR MYSELF WHILE ENROLLED IN ANY ACTIVITY OR PROGRAM ADMINISTERED BY THE CITY. I ALSO AUTHORIZE THAT MY CHILD, WARD OR I MAY BE TRANSPORTED TO A LOCAL MEDICAL FACILITY. IF I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GRANT PERMISSION FOR MY CHILD OR WARD NAMED ABOVE TO RECEIVE ALL APPROPRIATE MEDICAL TREATMENT NECESSARY. BY EXECUTING THIS DOCUMENT, I HEREBY ASSUME, ON BEHALF OF MY CHILD OR WARD, ALL RISK OF INJURY OR LOSS TO WHICH HE OR SHE MAY BE EXPOSED.

GUARDIAN: Printed name of Participant/Participant's Legal Guardian if a minor, age 17 and younger:

RELATION TO MINOR: Printed relationship of Legal Guardian to Participant if Participant is a minor, age 17 and younger:

 Date:

SIGNATURE: Participant / Participant's Legal Guardian if a minor, age 17 and younger: