



To: Retirees Enrolled in City Medical Insurance

From: Human Resources Department

Date: August 7, 2017

Re: Recreation Card PLUS

Good news! As a retiree of the City of Clearwater who is enrolled in the City's Cigna OAP Medical plan, you have been provided the opportunity to obtain an annual Parks and Recreation Card PLUS which entitles you to utilize all the City of Clearwater Recreation Centers at **no charge less the required applicable federal payroll tax withholding** that will be deducted from your pension payroll check.

The Recreation Card PLUS offers free access to all City of Clearwater fitness centers, swimming pools, open gym, and skate park admission. PLUS card holders also have the option to pay monthly dues at the Henry L. McMullen Tennis Complex for free daily court and priority court registration.

To enroll in this benefit, please complete the enclosed application and take it along with a current pension pay stub (as proof you are a pensioner and enrolled the medical insurance) to any of the City of Clearwater Recreation Centers to register. A list of the City of Clearwater Recreation Centers and locations are enclosed.

If you would like to continue utilizing the recreation centers the Recreation Card PLUS must be renewed on an annual basis and is subject to the applicable federal payroll tax one time annually.

You do not need to live in the City limits in order to take advantage of the benefit. The City is also offering this benefit to retirees that currently live out of state but may also be a seasonal resident. If you have any questions regarding this benefit please contact Human Resources at 727-562-4870 ext. 0.

CLEARWATER PARKS & RECREATION DEPARTMENT
RECREATION CARD APPLICATION



Please Print Clearly: **ALL REGISTRATIONS REQUIRE A VALID PHOTO IDENTIFICATION**

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Residence/Bus. Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Telephone #: _____ Cell #: _____ Emergency Telephone #: _____

WAIVER OF RELEASE OF LIABILITY

By its nature, participation in recreational activities can include a risk of injury. Consider your physical fitness and training, rules and regulations, safety practices and associated risks when participating in the recreational activity of your choice.

Since the City of Clearwater is not aware of me or my dependent(s) physical condition or training for various activities and in consideration of the benefits and opportunities afforded to my dependent(s) or me by participation in activities sponsored by the City of Clearwater, I state as follows:

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, its employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

PLEASE READ BACK OF FORM FOR IMPORTANT PARTICIPANT INFORMATION BEFORE SIGNING.

 Applicant's Signature or Legal Guardian

 Co-Applicant

 Date

OFFICE USE ONLY

If Resident, proof of residency verification included (minimum of two):

- | | | |
|---|---|--|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Current mortgage statement (90 days or less) | <input type="checkbox"/> Vehicle registration |
| <input type="checkbox"/> Property Owner | <input type="checkbox"/> Florida Photo I.D. Card | <input type="checkbox"/> Voter I.D. indicating "CW" jurisdiction |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Current utility bill(s) less than 90 days old: Type of utility _____ | |
| <input type="checkbox"/> Non-Resident Disabled Veteran (will need to provide documentation from the Veteran's Administration) | <input type="checkbox"/> Property Appraiser's Office | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Non-Resident Youth Sports Card (verify criteria & program are applicable) | | |
| <input type="checkbox"/> Active Duty Military | <input type="checkbox"/> Military I.D. | |
| <input type="checkbox"/> Silver Sneakers | | |
| <input type="checkbox"/> City Employee | <input type="checkbox"/> City I.D. City ID# _____ | Dept. Name _____ |

\$ _____
 Total Fees Paid
 (Including sales tax)

 Method of Payment

 Receipt #

Information verified by: _____

Authorized by: (Staff Signature) _____

 Date Processed

 Location

CLEARWATER PARKS & RECREATION DEPARTMENT
RESIDENCY GUIDELINES

I. **RESIDENTS:**

- A. Provide proof of residency: It is up to the applicant to prove that he or she is a current resident of the City of Clearwater. Any two (2) of the following original documents will be sufficient. Photocopies are not acceptable.

Proof of dependency – Birth certificate or other proof of dependency may be required.

1. A current State of Florida photo identification card or current vehicle registration.
2. A current, original voter identification card showing the City as "CW".
3. Any original utility bill less than 90 days old that shows applicant's name and a City of Clearwater residential address as the service address. "Utility" includes electric, telephone, water, and/or cable bills.
4. A current year, original, property tax bill (or notice) in your name showing a City of Clearwater property address.
5. An original notarized or registered deed, mortgage or lease showing your name as the owner or occupant at that City of Clearwater address.
6. An original notarized statement from an adult relative that you are a full time resident in his or her home and any other two proofs listed above showing that home has a City of Clearwater address.

- B. **FAMILY:** Husband and wife or two persons with a Registered Domestic Partnership with the City of Clearwater or Pinellas County, Florida, or a legal guardian and their children who live in the same household, who are 18 years of age or under, or less than 23 years of age and a full-time college student. Verification of any age or family status may be required.

- C. Complete and sign the Recreation Card Application.

- D. Pay the appropriate registration fee.

Note 1: "Permanent" City of Clearwater employees, their immediate family members, City of Clearwater retirees and active duty members of the U.S. Coast Guard or military and their immediate families (proof required) are exempt from the other proof of residency requirements.

Note 2: Falsified Information - Falsification of application information may disqualify the applicant from future participation in City of Clearwater recreation programs and co-sponsor sports participation.

II. **RETIREE'S: (Rec Card/Plus Free)**

- A. Provide proof of current pension pay stub with medical insurance.

- III. **NON-RESIDENTS:** Programs that typically reach capacity may have registration procedures that give Clearwater residents priority.

- IV. **NON-RESIDENT DISABLED VETERANS:** Will need to provide documentation from the Veterans Administration; which will be attached to the Rec. Card Application.

IIV. **ALL PARTICIPANTS PLEASE NOTE:**

- A. Personal training is prohibited at any of our facilities, unless the individual is a contract instructor with the City of Clearwater.
- B. Lost Cards – A replacement card for residents and non-residents cost \$5 plus tax.
- C. Refund Policies

All refund requests are subject to administration approval. Allow four to six weeks for refunds to be processed.

Recreation Cards Refunds

Recreation Cards will not be refunded after ten business days from date of issue. Requests for refunds must be submitted in writing with the card or pass attached. A \$10.00 processing fee will be deducted from all refunds.

Open Swim/Open Skate Refund

If the city must close a pool or skate park unexpectedly, participants who have been at the facility for less than an hour may be given a rain check for another visit.

*Retain ORIGINAL at the center for the calendar year. When the new calendar year starts send ORIGINALS to Parks and Recreation Administration for processing and retention in accordance with City and State guidelines.
S:drive/Forms/1800-0179 (Revised March 2016)*



City of Clearwater Recreation Centers

Clearwater Beach Family Aquatic Center

69 Bay Esplanade
Clearwater FL 33767
727-462-6138

Countryside Recreation Center

2640 Sabal Springs Drive
Clearwater FL 33761
727-669-1914

North Greenwood Recreation & Aquatic Complex

900 N Martin Luther King Jr. Ave
Clearwater FL 33755
727-462-6276

Long Center

1501 N Belcher Road
Clearwater FL 33765
727-793-2320

Ross Norton Recreation Center /Aquatic Complex & Extreme Sports Park

1426 S Martin Luther King Jr. Ave
Clearwater FL 33756
727-462-6025

Henry L McMullen Tennis Complex

1000 Edenville Ave
Clearwater FL 33764
727-669-1919

ATTENTION RETIREES ON CITY BENEFITS

My name is Karen Dombrowski and I am your Retiree representative on the City's Benefits Committee.

If you would like to be included in future emails containing information from the Benefits Committee meetings, retiree medical insurance and other benefits related information, please send your email address to KJD1613@HOTMAIL.COM

Thank you,

**Karen Dombrowski
Retiree Benefits Committee Representative**