

The Community pool

P.O. Box 922
 Lexington, Virginia 24450
 [540] 463-5441; fax [540] 463-5310

POOL MEMBERSHIP APPLICATION

www.rockbridgeswims.org

Please Note: Each pool patron is responsible for becoming familiar with all posted rules. By entering the municipal facility, patron summarily agrees to abide by all written rules and verbal instructions given by the Pool management and lifeguarding staff. In completing this form, **PLEASE PRINT!**

Age Group	Monthly (Electronic Transfer only)	9 Months (Labor Day to Memorial Day)	3 Months (Memorial Day to Labor Day)	12 Month Annual
Youth 14-18	--	\$120	--	--
Individual Adult	\$45	\$360	\$125	\$460
Individual Senior (65 or older)	\$40	\$320	\$125	\$420
Family	\$60	\$480	\$175 + \$15 each child	\$650
Family (Senior)	\$55	\$420	\$175 + \$15 each child	\$580

Annual Membership Benefits:

- ◆ 4 Visitor Passes (Individual Membership)
- ◆ 6 Visitor Passes (Family Membership)
- ◆ Discounts on swim lessons, swim team, private pool rental, swim camp and other programming
- ◆ Personal Training Programs
- ◆ Adult Swim Lessons

Primary Member		First Name	MI	Last Name			
Mailing/Street Address						Home Phone	
City		<input type="checkbox"/> City <input type="checkbox"/> County	State	Zip	Work Phone		
E-mail address		Date of Birth (mm/dd/yy)			Cell Phone		
Kroger Gift Card#*:		Emergency Contact			Emergency Phone		
Spouse		First Name	MI	Last Name			
E-mail address		Date of Birth (mm/dd/yy)			Cell Phone		
Kroger Gift Card#*:		Emergency Contact			Emergency Phone		
D e p e n d e n t s	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School

*Kroger donates 5% of all gift card purchases to Friends of Rockbridge Swimming. These funds are used to support aquatic programming and facility improvement.

WAIVER FOR ADULTS: I am an adult over 18 years of age and wish to participate in The Community Pool's program activities. In consideration of being permitted to utilize the facilities, services and programs for any purpose including, but not limited to, the use of facilities and equipment or participation in any pool program, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating in The Community Pool's activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen, therefore, in exchange for allowing me to participate in The Community Pool's activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release The Community Pool, The City of Lexington, Rockbridge Area Recreation Organization, and Friends of Rockbridge Swimming, Inc., their staff, directors, members, and guests. I have read, understand, and am voluntarily signing this authorization and release. I understand that The Community Pool, The City of Lexington, Rockbridge Area Recreation Organization, or Friends of Rockbridge Swimming, Inc. is not responsible for personal property lost, damaged, or stolen while pool users or program participants are using The Community Pool or facilities. (please initial_____)

Signature_____

Date_____

WAIVER FOR PARENTS OR LEGAL GUARDIANS: If signed on behalf of a minor who will be engaging in swimming activities, or anyone under a legal disability, this agreement is signed below by the parent or legal guardian. By signing, the parent or legal guardian agrees (i) to waive the parent's, guardian's, minor's or the person under a disability's right to sue the parties named in the paragraphs above; (ii) to assume, on behalf of the parent, guardian, and participant, the risks enumerated herein, in addition to all other risks of pool activities, and (iii) indemnify and hold harmless, from any loss or damage sustained or claimed by Participant (or Participant's Personal Representative), and further, to indemnify, from any and all costs of defending such claims, including but limited to attorney's fees.

It is expressly agreed by any parent or legal guardian whose signature appears on this agreement, that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve the pool sponsors and professional staff from liability under Code Section 15.2-1809, and the program director, their employees and participants, are covered by the provisions of that Act. Further, any parent or legal guardian whose signature appears on this agreement hereby represents that they have authority to sign this agreement and that the City may on rely on such representation.

Name of minor participant(s) or person(s) under a disability: _____

Signature of Parent or Legal Guardian: _____

Date_____

Payment Plan:

If amount is less than standard rate, explain why: _____

Initial amount paid: \$_____ Payment plan: _____12 months (Annual) _____*Monthly

***Monthly Payments:** I understand that monthly plans are continuous but can be cancelled with 30 days advance notice after 12 monthly payments of membership with no termination charge. If membership is cancelled before 12 payments have been made, there will be a termination fee due of \$100.00. (please initial_____). With prior approval, we will be glad to suspend payments for extended illness or vacation for up to three months.

OFFICE USE ONLY

Membership Type (circle one):

Individual Youth

Individual Adult

Individual Senior

Family

Family Senior

Join Date:_____

Expiration Date:_____

Staff Member:_____

Membership Period (circle one):

12 months (Annual)

3 months (Memorial Day - Labor Day)

9 months (Labor Day - Memorial Day)

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POOL MEMBERSHIP EFT AGREEMENT

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Electronic Transfer: I authorize my bank to honor preauthorized electronic funds transfer drawn by The City of Lexington on my account for Membership payments below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is honored by the bank, then The Community Pool, at its discretion, may resubmit the amount due.

___ I choose to utilize the EFT option for monthly payments ___ checking ___ savings

Bank Name: _____

Name on Account: _____

Routing/Transit No. _____

Account Number: _____

Monthly Dues: _____

Draft Date: The 15th of each month (please initial _____)

Authorized Signature: _____

Date _____

Accepted by Pool Staff Member: _____