



THE HIGHLANDS POOL  
2018 MEMBERSHIP INFORMATION FORM



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

**CHILDREN LIVING WITH YOU:**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

**Membership Types:**

- 1) Renew Family Pool Membership - \$510.00
- 2) New Family Pool Membership - \$560.00 (\$510 Membership, \$50 ADMIN FEE)
- 3) Senior Couple Pool Membership - \$345.00 - For Senior Couples Only (requires one spouse be minimum of 55 and submit a copy of his/her photo drivers license for first time qualification)

**I understand my membership is not transferable. I understand that by signing this application I agree my family, my guests and I will abide by the Pool Rules. Pool Rules and Hours are Online at [highlandsca.com](http://highlandsca.com) and [swimrichmond.org](http://swimrichmond.org).**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Membership information forms must be completed in their entirety and returned with the signed waiver form . Payment is due in the full by May 11, 2018. All Members must complete new forms for 2018. Please send your forms and payment payable to SwimRVA, 5050 Ridgedale Pkwy, Richmond, VA 23234.**

**WAIVER— PLEASE READ & SIGN**

I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself and my child being able to participate in such events, I, for myself, child (ren), heirs, executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge SwimRVA and its officers, employees and volunteers from any and all suits, claims or liability, including negligence. I therefore agree to pay for all medical, hospitalization or any other expenses resulting from my or my child's participation. I hereby authorize SwimRVA staff to act on my behalf in accordance with their best judgment in case of an emergency involving me or my child (ren), and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from.

\_\_\_\_\_  
Signature (Parent or guardian must sign if applicant is under 18 years old)

\_\_\_\_\_  
Date