



THE HIGHLANDS POOL  
2019 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) Family Pool Membership - \$550.00
- 2) Senior Couple Pool Membership - \$385.00 - (requires one spouse be minimum of 55 and submit a copy of his/ her photo drivers license for first time qualification)
- 3) Adult couple under 55 no children - \$415.00

**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 \_\_\_\_\_

**You can register online at The Highlands HOA website ([highlandsca.com](http://highlandsca.com)) under pool information and click on the link or you can print and complete the form in its entirety and return with the waiver form signed.**

**Payment is due in full by May 17, 2019. If filling out the form, please mail the form with payment payable to SwimRVA, 5050 Ridgedale Parkway 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 (Must be 18 or older to sign)

\_\_\_\_\_  
Date