

Kensington Park Pool Association

Pool Membership Contract

Full Name _____ Spouse's Name _____

Mailing Address _____

Email _____

*** Our Primary source of communication

Phone:

Cell _____ Home _____ Work _____

Membership Options

Please circle one

Family(\$325) Single Parent(\$250) Couple(\$225) Grandparent(\$225)
Single (\$150) Student/Senior (\$125) Grandparent/weekly (\$40/week)

**Active Duty Military with a valid ID may receive 25% off any membership option when paying with a check.

Total number of persons on your membership: Adults _____ Kids _____

Amount Paid _____ Date _____

(Please circle one) Check / Paypal

Member Release

I certify that the family members listed are physically able and fit to participate in any and all activities of the Kensington Park Pool. I totally release and absolve the Kensington Park Association, Inc. and any officers of the committee, Board of Directors, and lifeguards from any and all liability due to injuries to any family member as a result of participation in pool activities. I accept full responsibility for all injuries. I agree to pay medical expenses, hospital bills, and/or doctor bills.

I agree to follow the rules of the pool and to ensure that minors and guests under my care and invitation understand and follow the same rules. I also agree to compensate the pool for any damage caused by myself, minors and/or guests under my care and invitation. I have read the above and fully understand all implications. I have been issued _____ arm bands. I (we) understand that armbands are required for admittance to the pool. If lost, a \$10 fee per band will be charged. These arm bands are for members only. Violation will result in forfeited membership without refunds.

Member Signature _____

MEDICAL RELEASE

I, the undersigned, do hereby authorize and consent, for anyone of my family listed below, to any X-ray examination, anesthetic, medical or surgical diagnosis or procedure under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Public Health Law of the State Department of Georgia and on the staff of any hospital holding current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable, It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached.

I, the undersigned, do hereby give my permission to the officers, managers, lifeguards or agent of the Kensington Park Pool to obtain and administer such medical aid and assistance as might be required for myself or my child if such assistance of any emergency nature becomes necessary.

In no event will the Kensington Park Pool, its officers, leaders, lifeguards or agents be held liable for any first aid rendered or treatment, drug and medicine, or surgical procedures performed pursuant to this consent

Please include information about anyone who will be bringing your child to the pool on a regular basis.

Full Member Name Age Physician Hospital Dentist

Adults

1. _____

2. _____

Children/Grandchildren

1. _____

2. _____

3. _____

4. _____

PLEASE PROVIDE ANY RELEVANT INFORMATION on any member of your family who may have the following health problems: heart disease, bee/insect stings or other allergies, epilepsy, asthma, hemophilia, diabetes or hypoglycemia, bladder or bowel control issues, HIV/AIDS or other illness/disability.) Health Insurance Carrier:

ID# _____.

Emergency

Contact: _____ Relationship: _____.

Phone: _____.

Signature of Parent or Legal Guardian: _____ Date: _____.