



White Oak Pool MEMBERSHIP REGISTRATION 2016

Parent/Guardian (Adult)

1. First Name _____ MI _____ Last Name _____

Address _____ ZIP Code _____

Daytime Telephone _____ Cell _____

Evening Telephone _____ DOB ____/____/20____ M / F

E-mail address _____

Other Household Members				
First Name	Middle	Last Name	DOB	Gender
2.			/ /	M / F
3.			/ /	M / F
4.			/ /	M / F

ACKNOWLEDGEMENT, PERMISSION, AND RELEASE FORM (POOL MEMBERSHIP AND PARTICIPATION)

I am the parent or legal guardian of the above-named child/children listed under "Other Household Members" and understand that, a member and user of the Near Northwest Management District's (the "District") White Oak Pool, my son(s)/daughter(s) has an opportunity to participate in swimming activities and pool membership. I acknowledge and understand that my child and I am bound by the White Oak Conference Center 2016 Pool Membership and Use Regulations, a copy of which I have received. I agree to be responsible for my child's and guest's behavior at the White Oak Conference Center Pool, including responsibility for any damages incurred by me, my child, and any guest. I understand that children under age twelve must be accompanied by an adult and that any child under age two must wear swim diapers. I acknowledge and understand that my child is not required to participate but does so voluntarily. I further acknowledge and understand that swimming can be a dangerous activity. I acknowledge and understand that certain risks exist when my child participates in and is swimming in or around the pool or District facilities. I agree to be bound by the Pool Membership and Use Regulations, which I accept full responsibility under for assuring that I, any group members, and any guests fully comply with, in addition to all other posted rules or instructions given by the pool management and/or lifeguards I hereby consent and grant permission for my son/daughter to swim in and participate in any pool related activities or activities on the District's White Oak grounds, travel to and/or from the pool and grounds, and acknowledge the dangers in my child's participation in these activities and in being a pool member.

(Over)

I acknowledge and understand that neither the District, nor its governing board, directors officers, employees (including the employee with whom my son/daughter may be around or directed by), or agents is responsible for any aspect of my child's participation in or transportation to and/or from the pool and/or pool membership and will not assume any responsibility or liability in case of an accident, injury, or other loss associated with the above activity or the transportation to and/or from the activity, membership, or event. IN CONSIDERATION FOR MY SON/DAUGHTER BEING PERMITTED TO PARTICIPATE IN SWIMMING ACTIVITIES AND EVENTS AT THE DISTRICT'S WHITE OAK POOL, I HEREBY RELEASE, THE DISTRICT, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, AND AGENTS, OR DIRECTORS OF THE DISTRICT FROM ANY AND ALL LIABILITY AND ANY RESPONSIBILITY IN CONNECTION WITH SUCH ACTIVITY INCLUDING WHETHER AT OR IN TRANSPORT TO AND/OR FROM THE ACTIVITY, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS ALL SAID PARTIES FROM CLAIMS HEREAFTER MADE OR ASSERTED ON BEHALF OF THE ABOVE-NAMED CHILD/CHILDREN/GROUP MEMBERS/HOUSEHOLD MEMBERS OR ASSERTED BY OR ON BEHALF OF ANY PERSON WHERE SUCH CLAIMS ARISE OUT OF AN ACCIDENT, INJURY, OR LOSS ASSOCIATED WITH THE ACTIVITY AND/OR TRANSPORT TO AND/OR FROM THE ACTIVITY. I, the undersigned, have read this parental Acknowledgment, Permission, and Release and understand all of the terms. I have executed it voluntarily with the full knowledge of its significance.

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

DATE

DATE

Payment Received ____/____/2016 ___ Check # _____ ___ Cash \$ _____

Badge Numbers _____ to _____ by _____

MEMBERSHIP CALCULATION

MEMBERSHIP TYPE	RATE	AMOUNT
Group Membership (up to 4 persons)	\$195.00	
Additional Group Members	_____ @ \$50 each =	
Individual Membership	\$115	
Other		
TOTAL MEMBERSHIP FEES DUE		