

Twinbrook Swimming Pool
13027 Atlantic Avenue, Rockville
<http://www.twinbrookpool.org>
2009 Day-Care
Guest Application

Mailing Address
Twinbrook Swimming Pool
P.O. Box 705
Rockville, MD 20848

Description

A child (under the age of 10 on opening day) who will be cared for while on pool groups by a sponsoring member who is a *licensed day care provider*. This is a limited membership. Day care member will only have access to the pool during the hours of 9am to 2pm, Monday through Friday. Day Care members are not allowed to access the pool outside of these hours or on weekends. Sponsoring member must provide a copy of day care license with application. *This application MUST BE APPROVED BY TSP BOARD.*

Compute Cost

Original Price	\$120
Is sponsoring member a certificate owner?	-\$40
Actual Price	
Amount Paid	

Applicant Information (Daycare Provider)

Last Name _____ First Name _____

Certificate Number (if applicable) _____

Phone _____ Work Phone _____

Address _____ City, State, Zip _____

E-mail(s) _____

Emergency Contact(s) _____

Daycare Child Information

Last Name _____ First Name _____

Phone _____ Work Phone _____

Address _____ City, State, Zip _____

Emergency Contact(s) _____

LIABILITY WAIVER/HOLD HARMLESS AGREEMENT: By signing below I agree that I am voluntarily participating in activities and use of facilities and premises (including the parking lot) and assume all risk of injury, illness, damage or loss to me or my property. I further agree that I shall hold this club, its directors, and agents harmless from any and all loss, claims, injury, damages or liability.

Sign below and return form and check, made payable to Twinbrook Swimming Pool
P.O. Box 705, Rockville, MD 20848. If paid using credit card online, please attach a copy of the online receipt.

Signer verifies that all information supplied on this application is correct.

Print Name (Member)

Signature

Date

(do not write below this line -- for TSP board use only)

Approved by _____ (board signature required)