

**Twinbrook Swimming Pool**  
13027 Atlantic Avenue, Rockville  
<http://www.twinbrookpool.org>  
**2010 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.
- *The TSP board of directors must approve this application.*

**Compute Cost**

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

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**Applicant Information** (Daycare Provider)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_

## 2010 Day-Care Guest Application

Certificate Number or Summer Membership Number (*if known*) \_\_\_\_\_

**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 to 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)