

Twinbrook Swimming Pool
13027 Atlantic Avenue, Rockville
<http://www.twinbrookpool.org>
**2010 GA Family
Membership Application**

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

Cost: \$100 (for months of May and June only)

Description

- Adult or adult couple with their dependent children
- 2 adult maximum
- 7 person total maximum

Notes

- Only persons who have never been a member at the Twinbrook Swimming Pool are eligible for the Get Acquainted Family Membership.
- Persons using this membership will be considered first year members.
- The Get Acquainted \$100 Membership payment will be applied to full summer dues for those who wish to continue for the rest of the summer. Other discounts, including the first year discount, can also be used.

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2010 Family GA Membership

Applicant Information (Head of Household)

Last Name _____ First Name _____

Phone _____ Work Phone _____

Address _____ City, State, Zip _____

E-mail(s) _____

Emergency Contact _____

List additional family members

	Name	Relationship	Age	E-mail (optional)
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
5.)	_____	_____	_____	_____
6.)	_____	_____	_____	_____

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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, my guests 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.

COST: \$100

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.

All names below agree to abide by the rules stated by Twinbrook Swimming Pool. Signer verifies that all information supplied on this application is correct.

Print Name

Signature

Date