

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

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

**Toddler Time Membership Description**

A single person over the age of 18 who will be using the pool between the hours of 12-2pm, Monday – Friday only.

**COST: \$100**

**Applicant Information**

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Emergency Contact \_ \_\_\_\_\_

## 2010 Lunch Bunch Membership Application

**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.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date