

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