

ONLEY RECREATION ASSOCIATION, INC. MEMBERSHIP APPLICATION FORM
2026 MEMBERSHIP REGISTRATION (expires 12/31/26)

PRIMARY MEMBER NAME: _____ **DOB:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

WOULD YOU BE WILLING TO BE CONTACTED TO VOLUNTEER TO HELP ON CLEAN UP DAYS? YES NO

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Additional family members that live in household:

FIRST NAME/ LAST NAME (PLEASE PRINT)	AGE (if minor)	RELATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

POOL RULES & REGULATIONS

Lifeguards & pool manager have the authority to enforce all pool rules and ensure safety for everyone. A complete list of pool & tennis/pickle ball court rules and regulations is available in the office during summer operating hours.

Membership Rules

- Full membership entitles holder access to the pool (during operating hours) and courts.
- Memberships are non-refundable and non-transferable.
- Memberships are intended for persons named on the membership application only.
- Limit of two adults per family membership. Adults must reside at the same address.
- To qualify under the family membership, dependent children must reside at same address.
- A full membership will include 4 guest passes. Guest passes will be managed by lifeguards/manager at the sign-in counter in the pool entrance. Out of town guests do not require guest passes.

Pool Rules

- All children under the age of 10 must be accompanied by AN ADULT or babysitter who is at least 14yrs old.
- Parents will need to sign a waiver yearly for all children ages 10-17 that will be attending ORA unsupervised.
- All patrons entering the facility must be a member or register as a guest with an attending member.
- No diapers allowed in the pool area. Swim diapers, wetsuits or tight-fitting swimsuits only. Jeans and undergarments are not permitted in the pools.
- The use of inner tubes, rafts, and floats in the pool must be approved for use by the lifeguard or manager on duty. The lifeguard/manager may prohibit use of floatation devices, if necessary, to ensure safety for allswimmers.
- The pool will be closed for swimming if the air temperature is below 70 degrees F; at the manager's discretion based on inclement weather, attendance, or unusual circumstances; and during periodic swim meets.
- Children must be under 48 inches tall to use the Kiddie Pool & it can only be used during operating hours.
- Pets are not allowed in the pool or court areas at any time.

I, the undersigned, understand and agree to abide by the rules and regulations/conditions set forth by Onley Recreation Association, Inc. I recognize and acknowledge that there are certain risks of physical injury associated with use of the pool and tennis courts and hereby fully release and forever discharge Onley Recreation Association, Inc from any and all claims for injuries, damages or loss that any persons on this membership may accrue and arising out of, connected with, or in any way associated with use of Onley Recreation Association, Inc's facilities and programs.

PRIMARY MEMBER SIGNATURE: _____ **DATE:** _____

2026 Membership Rates

FULL MEMBERSHIP (POOL & TENNIS/PICKLEBALL)	Town of Onley Rate (until Town funds exhausted) ****	Early Bird Member Rate (until 2/28/26)	Member Rate (on or after 3/1/26)	ENTER AMOUNT
Senior (age 60+) Couple or <i>Single</i>	150.00	250.00	300.00	
<i>Family</i>	275.00	500.00	550.00	
TENNIS/PICKLEBALL ONLY MEMBERSHIP				
Senior (age 60+) Couple or <i>Single</i>	150.00	150.00	200.00	
<i>Family</i>	200.00	200.00	250.00	
MEMBERSHIP ADD-ONS				
<i>Grandparent Pass**</i>	100.00	100.00	100.00	
<i>Babysitter Pass***</i>	100.00	100.00	100.00	
			TOTAL	\$

**A "Grandparent Pass" allows a "Senior" member (60 and older) to add on grandchildren they care for during the summer. Grandparents must be present with grandchildren when visiting ORA. (This option is available with the purchase of any membership purchase.)

***A "Babysitter Pass" allows a member that provides regular childcare for children under 14 years old to add up to three children to a membership. (This option would be available with any membership purchase.)

If purchasing a Grandparent or Babysitter Pass, please list child's information below:

FIRST NAME LAST NAME (PLEASE PRINT)	DOB:	Parent Name	Parent Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**** The Town of Onley has agreed to partner with ORA, Inc. to offer a subsidized ORA membership to Incorporated Town of Onley (ITO) residents and business owners. ITO residents/business owners will pay the discounted membership rate, and the Town of Onley will pay the remaining portion to ORA, Inc.until allocated funds are exhausted. All town residents must receive signature and verification of residency from the town manager below to receive the discounted rate. **Onley Town Manager Signature** _____ **Date** _____

Please make checks payable to: *Onley Recreation Association, Inc.* and return by mail to

P. O. BOX 736, Onley, VA 23418. You can also utilize our Venmo option on our website (www.oraswim.com) or Facebook page (*Onley Recreation Association*).

Thank you for joining *Onley Recreation Association, Inc.* We look forward to spending the summer with you!

Parent Waiver

Parent Name: _____

I understand and agree that:

*If I allow my child(ren) ages 10 to 13 years old to stay at the pool without parental/ guardian/babysitter (14 years & older) supervision, ORA and its staff are not a replacement for this supervision.

*This is a privilege and ORA is only responsible to enforce the normal facility rules that ensure my child(ren)'s safety, to the best of its ability, while in the facility.

*The ORA staff cannot monitor the entrance and exit of my child(ren), and will not be held responsible if my child leaves the facility.

*My child(ren) is(are) expected to follow ALL pool rules and directives of staff, and that I, or another adult (listed below), will come get my child(ren) promptly if called by staff because of behavioral problems.

*If problems continue, and I am called three times, I understand and agree that my child will no longer be allowed to stay unattended.

Parent Signature: _____ Date: _____ Contact #: _____

Name, DOB and age of Child:

Name	DOB	Age

Other ADULT allowed to pick child(ren) up (must provide photo ID):

Name	Contact #
Name	Contact #
Name	Contact #

****There will be a Pick Up Form to be completed & signed if parent is called****

Staff: ***Put with membership form***

