

Holly Hills Community Pool

2019 Membership Registration – Non-Resident

Please mail your membership registration and payment to **Holly Hills Community Club, P.O. Box 22133, Chattanooga, TN 37422-2133**. Please make checks payable to **Holly Hills Community Pool**.

Family Membership -- \$315 (\$300 if received by May 18, 2019)



Member Information:

Name(s) _____

Address _____

Phone Number _____

Cell Number(s) (owner) _____

Primary Email _____

Emergency Contact Name and Number _____

Names of Other Family Members Not Listed Above (Include ages of non-adults)

*Must live in the household listed above

_____	_____
_____	_____
_____	_____

Connect with us !

Text "hhpool" to 84483 to subscribe to the pool's text message alert and information system
(standard text messaging charges apply)

Our website:
www.hollyhillspool.org

 @hollyhillspool

To be included in our Facebook private group, supply your Facebook name _____

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Parent/Guardian Authorization:

I, _____, parent/guardian for the above individual(s), hereby register for a family membership at the Holly Hills Community Pool. For the Family membership, I understand that those listed on this page must live full-time at the above address defined to qualify as members of my family. I have read and understand the pool rules. I and the registrants on this form agree to abide by the pool rules and understand that failure to follow these rules could result in being asked to leave the pool and/or the termination of the membership without refund. I assume all risks and hazards associated with the pool grounds by the registrant(s) on this form, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Holly Hills Community Club (corporation), the Board of Directors, and the Lifeguards for any claim arising out of injury.

I grant permission to managing personnel or to the lifeguard to apply first aid upon minor injuries. I also grant permission to managing personnel, lifeguard or other Holly Hills pool representatives to authorize and obtain medical care from licensed physicians, hospital, or medical clinic should that above registrant(s) become ill or injured while on Holly Hills pool properties and when neither parent is available to grant authorization for emergency treatment. Should medical treatment be necessary, I agree to be responsible for medical insurance coverage and/or all medical payment.

Medical Insurance Carrier _____

Group ID # _____

Print Name _____

Signature _____

Relationship _____

Date _____