

Pool Membership Form

Pool Membership Form

Please complete all required information .

Full Name (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Email (Required): _____

Phone (Required): () - _____

Resident Status (Required):

(Select only one option)

Resident is someone who lives within the town limits of Elkin. If you do not know if you are a resident please call the Elkin Recreation Center at 336-258-8917. Provided address and Resident Status will be reviewed prior to final registration. Anyone found providing false documentation will have pass revoked without a refund.

Town Resident

Non Resident

Type of Pass (Required):

(Select only one option)

Individual

Family

**Family Pass Names & Ages
(Required):** _____

Please list the names and ages of those family members to be included on the pass. Family is defined as immediate family - Mother. Father and children under the age of 21.

**Emergency Contact Name
(Required):** _____

**Emergency Contact Phone
(Required):** () - _____

I hereby give the above written swimmer/participant permission to participate and be involved in Elkin Recreation & Parks Department Swim program. By authorization, I hereby approve of the program and accept the facilities, equipment, and supervision and have the opportunity to inspect the premises and equipment and have talked with the instructor or waive the right to do so. Further, I understand that there are certain risks inherent in participation in pool activities at open swim during all team and individual sports which are beyond the control of the participant or the Town of Elkin Recreation Department, and immediately prior to any participation i have the opportunity to inspect the facility or equipment and notify the instructor or the Town of any objection to the facility, equipment, instructor,

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supervision, and have the choice whether or not to participate in said program or activity. I hereby release the Town of Elkin and its employees from any and all damages on behalf of the above named child and on my behalf, which would or could be in the program named above. I grant permission to allow my child's name, photo, video recording and/or (other item(s) to be used in the discretion of the Elkin Recreation and Parks Department for promoting programs operated or sponsored by the department. I understand and agree that Elkin Recreation and Parks Department provides this program for children as an introduction to water and swimming. We do not guarantee that your child will be able to swim after the two-week session nor will a refund be provided, during or after the program. I additionally understand and agree that swim lessons at an outdoor pool are subject to cancellations due to other events and weather. Pool staff will make every effort to make up missed lessons the week following the end of the two week session. Coronavirus/COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Town of Elkin, Recreation & Parks Department programs or accessing the pool facilities could increase the risk of contracting COVID-19. Elkin Recreation and Parks in no way warrants that COVID-19 infection will not occur through participation in Elkin Recreation and Parks programs of accessing Elkin Recreation and Parks facilities. I ADDITIONALLY CERTIFY THAT I WILL NOT ATTEND WHILE SICK OR DISPLAYING SYMPTOMS OF COVID19, NOR ANY MEMBER OF MY FAMILY/PARTY THAT DISPLAYS ANY SYMPTONS ASSOCIATED WITH COVID19 TO THIS PROGRAM. I AGREE THAT ELKIN RECREATION AND PARKS STAFF WILL ATTEMPT TO MAINTAIN SOCIAL DISTANCING WHERE POSSIBLE FOR SWIM LESSONS, HOWEVER THERE MAY BE TIMES DURING LESSONS WHEN THIS IS NOT POSSIBLE FOR THE SAFETY OF THE PARTICIPANT. I AGREE AND CERTIFY BY SIGNATURE BELOW. I have read, understand and agree with all of the above statements:

Pool Membership (Required):

Signature (Required): _____