

Rolling Hills-Glencairn Pool Use Application Form

For Office Use only-

- ☐ Mailed
☐ Picked Up

Applicant must be a member of Rolling Hills-Glencairn in
good standing or a verified tenant living in the community.

(1) Last Name: _____ First Name: _____

Phone #: _____

(2) Last Name: _____ First Name: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Family Members (**LIVING AT THE RESIDENCE**)

Birthdate (if under 18)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please note any special health or physical considerations that the pool attendants should be aware of regarding persons using this facility.

I agree to familiarize myself, my family members with the rules of the Rolling Hills swimming pool and agree to abide by them. I understand the Community Association, its officials, directors, agents, employees, volunteers and representatives retain the right to suspend or expel swimming pool users from use of the swimming pool amenities for failure to comply with the pool rules. I certify that the information on this form is correct. I understand that the swimming pool is restricted to members of Rolling Hills-Glencairn and their guests only. Guests are limited to 6 and are not allowed to swim without the member present.

Member or Tenant signature

Date

Property Address:

Account # - (office use only)

TURN OVER AND SIGN THE WAIVER ON THE BACK SIDE

Rolling Hills Glencairn Community Service, Inc. is an equal opportunity provider and employer.