



Southlake Recreation Association

2017 Application for Recreation Center and Swimming Pool Passes

Please PRINT or TYPE CLEARLY to ensure correct spelling. This information is only for Management's use and will not be shared with any other entity. **PLEASE INCLUDE EMAIL ADDRESS TO RECEIVE POOL UPDATES.**

Resident's Name: _____

Resident's Address: _____

Resident's Phone #'s: Home/Cell _____ Office _____

Email Address _____ **PLEASE INCLUDE** email address to receive pool updates.

Name(s) of family members or persons occupying this residence: *(To be shown on pool card)*

- 1.) _____ Date of Birth _____ Age _____
- 2.) _____ Date of Birth _____ Age _____
- 3.) _____ Date of Birth _____ Age _____
- 4.) _____ Date of Birth _____ Age _____
- 5.) _____ Date of Birth _____ Age _____
- 6.) _____ Date of Birth _____ Age _____

**SRA retains the right to request proof of residency in some instances. Only owners and/or residents of this address will be issued passes.*

Local Emergency notification name: _____

Phone: _____

In consideration of providing swimming pool facilities, the undersigned applicant, for himself/herself, family members, guests and invitees (collectively, "the applicant"), expressly agrees to assume the risk of any accidents which he/she may sustain while using said facilities and that Southlake Recreation Association ("SRA"), its respective officers, directors or employees and agents, and the operators of the pool management company, will in no way be liable for any such injury directly or proximately caused by the applicant's negligence, carelessness, recklessness or breach of the pool rules and regulations, or that of the applicant's family members, guests or invitees.

To the fullest extent permitted by law, the undersigned the undersigned applicant, for himself/herself, family members, guests and invitees further hereby waives any right, claim or cause of action against SRA, its respective officers, directors or employees and agents. The applicant also hereby releases said parties, from any and all liability for any personal injury, death, damage to property, costs, damage, expenses, or claims which the applicant his/her members, guests and invitees, or anyone on the applicant's behalf may experience or suffer, as a direct or indirect result of using the swimming pool facilities.

The applicant agrees to read the SRA 2017 Rules and Regulations and understands the Board of Directors may bar admission to the Recreation Association premises to any member, family member or guest who misuses the facility in violation of the 2016 Rules and Regulations. The applicant further agrees and understands that said 2017 Rules and Regulations are incorporated by reference herein and are made part of this contract.

Signed: _____ Date: _____

This form must be filled out in its entirety and mailed to:

Southlake Recreation Association
 Attention: Lin Stauffer • P.O. Box 263 • Dumfries, VA 22026
 Telephone: (703) 670-2376 • Website www.southlakerecreation.com

Return application by the April 15, 2017 deadline.

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| POOL HOURS* <small>*Hours are subject to change, based on patron use.</small> | May 27 to June 16 Mon. — Fri. 2 - 7 Sat. 10 - 9 Sun. 11 - 7 Holidays 11 - 8 | June 17 to Sept. 4 Mon. — Fri. 11 - 8 Sat. 10 - 9 Sun. 11 - 7 Holidays 11 - 8 |
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