

S outhlake S ummer S wim



ONLY \$375

*Join before April 30, 2018
and Save!*

Pool Open

May 26th – September 3rd

*Think Summer at the
Southlake Recreation Pool
5070 Higgins Drive off Southlake Blvd.
Montclair, VA 22025*

Pool Members Enjoy —

- ❖ Seven Days a Week of summer fun and entertainment for the whole family
- ❖ **New Pool White Coating**
- ❖ Bring your own food and drinks into pool area
- ❖ Picnic areas
- ❖ Guest fees as low as \$1.50 per person weekdays
- ❖ **Expanded Sat. & evening pool hours for commuters**
- ❖ Rent Clubhouse for private events
- ❖ Red Cross certified swim lessons
- ❖ Children's camps, jazzercise, and water aerobics
- ❖ Use of recreational facilities (picnic areas, tot lot and playground, 2 tennis courts, basketball court, softball & multipurpose fields)
- ❖ Free giveaways and prize drawings throughout the season
- ❖ Free catered barbecue dinner and swim night for the whole family
- ❖ Free ice cream and entertainment socials throughout the summer
- ❖ (including clowns, balloons, magic & juggling shows and more...)

Drive by and see our beautiful recreational center and pool. Beat the heat this summer in our 25 meter pool with three to nine foot depths and children's wading pool.

For more info, call Lin Stauffer at (703) 670-2376 (please leave message) or visit our website at www.southlakerecreation.com.

— Don't Wait —

Join Now!

Only \$375

for a full summer of fun!!!

Application and pool hours on reverse side. Applications accepted on a first come, first serve basis. Memberships are limited!

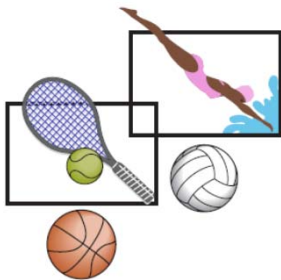


Twister Slide



Southlake Pool Members (ages 4 to 18) are eligible for consideration on the Montclair "Seahawks" Swim Team.





Southlake Recreation Association

Swimming Pool

2018 Application for 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 _____

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.*

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 2018 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 2018 Rules and Regulations. The applicant further agrees and understands that said 2018 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:

(include a check made out to SRA for \$375 postmarked on or before April 30, 2018)

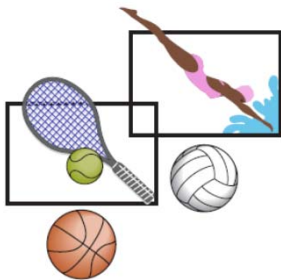
Southlake Recreation Association

Attention: Lin Stauffer • P.O. Box 263 • Dumfries, VA 22026

Telephone: (703) 670-2376 • Website www.southlakerecreation.com

***** All applications postmarked after April 30, 2018 must enclose a check for \$400 - After June 1st - \$425 *****

<p>POOL HOURS* *Hours are subject to change, based on patron use.</p>	<p>May 26 Mon. — Fri..... 2 - 7 to Sat.....10 - 9 June 8 Sun.....11 - 7 Holidays.....11 - 8</p>	<p>June 9 Mon. — Fri..... 11 - 8 to Sat.....10 - 9 Aug 26 Sun.....11 - 7 Holidays.....11 - 8</p>	<p>Aug 27 Mon. — Fri..... 2 - 7 to Sat.....10 - 9 Sept 3 Sun.....11 - 7 Holidays.....11 - 8</p>
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Southlake Recreation Association

2018 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 2018 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 2018 Rules and Regulations. The applicant further agrees and understands that said 2018 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, 2018 deadline.

<p>POOL HOURS* *Hours are subject to change, based on patron use.</p>	<p>May 26 Mon. — Fri..... 2 - 7 to Sat.....10 - 9 June 8 Sun.....11 - 7 Holidays.....11 - 8</p>	<p>June 9 Mon. — Fri..... 11 - 8 to Sat.....10 - 9 Aug 26 Sun.....11 - 7 Holidays.....11 - 8</p>	<p>Aug 27 Mon. — Fri..... 2 - 7 to Sat.....10 - 9 Sept 3 Sun.....11 - 7 Holidays.....11 - 8</p>
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