

**RIDGEFIELD HOMEOWNERS ASSOCIATION
POOL PARTY RESERVATION FORM**

Last Name _____

Pool Party Date _____

Use of pool & facilities is prohibited unless
signed registration form is on file

Time of Party _____

Reserve Pavilion (Yes No) _____

SUBLOT NUMBER _____

Number of Guests (max 25) _____

ADDRESS: _____

Adults _____ # Minors _____

HOME PHONE # _____

EMERGENCY or CELL PHONE _____

EACH RESIDENT MEMBER AND ALL GUESTS:

Agree to comply with Section I A. Eligibility for Access to the Recreation Center of the current Ridgefield Recreation Center Rules & Regulations.

Agree that all facilities, equipment and supplies provided by the Ridgefield Homeowners Association will be used at the user's own risk. Users agree to indemnify, save harmless, and defend The Ridgefield Homeowners Association, its Board members and officers, agents, and employees, from any and all claims, causes of action, demands or suits legal or equitable, resulting from or arising out of the usage or participation in the Pool Area and/or its supporting facilities, equipment or supplies.

Agree to properly use all facilities, equipment, and supplies for the entire Recreation Center in accordance with the rules published in The Ridgefield Homeowners Association Rules & Regulations, or stated in posted signs.

Agree that only members in good standing may use the facilities.

Agree that all members and guests will sign in and out of the Pool.

Agree that all guests must be accompanied by a member at all times, including at time of signing in and out. If the member leaves the facility, the guest must also leave.

Agree that guest privileges are extended subject to a charge of \$2.00 per guest per day.

VIOLATION OF THE POOL RULES MAY LEAD TO SUSPENSION OF YOUR POOL PRIVILEGES.

Members under age 12 must be accompanied by an adult at all times.

Members under age 16 may not sign in guests.

Members age 16 or 17 may sign in a maximum of 2 guests.

In the event any swimmer is unable to pass the swimming proficiency test, their activity may be limited to certain areas of the pool.

I, the undersigned, hereby give my consent for myself/child to use the Ridgefield Pool. I also certify that myself/child am covered by medical health insurance and agree in case of accident to allow myself/child to be transported to the nearest medical facility by emergency medical service/North Ridgeville Fire Department.

\$30.00 Rental Fee Cash Check # _____

The undersigned member agrees to abide by the conditions set forth in this agreement and those set forth in the *Ridgefield Recreation Center Rules and Regulations*.

RHA Manager or Assist. Manager (PRINT)

Name RHA Member (PRINT)

Signature Date

Signature RHA Member Date

ADULT ATTENDEES

Print First and Last Name

Signature

_____	_____
_____	_____
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MINOR ATTENDEES

(The PST space is for the lifeguard to initial after each minor has passed a swim test)

Print Minor's Name

Parent/Guardian Signature

Date of Birth

PST

Print Minor's Name	Parent/Guardian Signature	Date of Birth	PST
_____	_____	_____	_____
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