



Tel Hai Retirement Community
 StoneCroft Aquatics Center
 4000 Tree Line Drive
 Honey Brook, PA 19344
 www.telhai.org/pool
 Weather Hotline- 610-273-4050

Questions? Contact the
 Aquatics Coordinator at
aquatics@telhai.org or
 610-273-9333 ext. 2441

Community Pool Membership Form

CONTACT INFORMATION-

Name(s): _____ Gender: _____ Birthdate: _____
 _____ Gender: _____ Birthdate: _____

Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

For Family Membership:(please indicate names and ages of all family members)

EMERGENCY CONTACT INFORMATION-

Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION-

Are there any medical conditions of which the instructor should be aware of? **Circle:** Yes OR No

If yes, please explain: _____

MEMBERSHIP OPTIONS- (please check one)

- Monthly: Individual \$30.00 *Couple \$42.00 **Family \$58.00
- Quarterly: Individual \$80.00 *Couple \$115.00 **Family \$160.00
- Punch Card: \$45.00 punch card for 10 visits (valid 3 months from purchase date)
- Day Visit: \$8.00 per person, per day

**Couple- two individuals in same household, one must be over 18 yrs. of age (such as a parent/child, siblings, spouses).*
*** Family- More than two individuals living in same household.*

RELEASE- By signing this document, I acknowledge that all activities at the StoneCroft Aquatics Center have inherent risks. I hereby assume all risks for my health and well-being related to participation in any and all activities. I further waive, release, absolve and agree to hold harmless any instructor, the facility, or any other persons involved with Tel Hai Retirement Community. I also understand that my membership currently does not apply to Team Member classes and Resident volleyball games. I understand my membership may be revoked at any time and I agree to abide by all policies and procedures of Tel Hai. I acknowledge and understand all children in the pool must be fully potty-trained or in swim diapers. Pool closures due to inclement weather, maintenance, swim meets, or events do not warrant refunds or make-ups.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

PAYMENT OPTIONS- (please check one) Cash Charge Check (Payable to: Tel Hai Retirement Community)

Name on Credit Card: _____ Expiration Date: _____

Credit Card #: _____ 3-Digit Security Code: _____

Credit Card Type: (please check one) Visa Mastercard Discover Amex