

Chester Hills Pool Recreations Area

Family Membership Information:

Family Name: _____

Address: _____

Phone: _____

Email: _____

Family Members: names of those using the pool. Please include ages for those under the age of 18.

_____	_____
_____	_____
_____	_____
_____	_____

All communications by the CHP will be via email. Email addresses must be accurate and kept up to date. Please add chesterpoolmembership@gmail.com to your contacts.

I have read the Chester Hills Pool Recreation Area rules. By signing this waiver, I agree to abide by the rules and regulations of the Chester Hills Pool. I will take responsibility for minors and guest in my care. My children under the age of 12 will be supervised by an adult or sibling. All members will adhere to the pool rules and the decisions of the Lifeguard.

Children ages 12 and older may attend the pool unaccompanied by an adult. With written parent permission, older siblings may supervise younger siblings. Written permission **MUST BE INCLUDED ON WAIVER**. Please list children's names and ages.

_____	_____
_____	_____
_____	_____

X _____

Signature of Family Member responsible for membership at Chester Hills Pool