

# INDOOR POOL - REGISTRATION

Staff Initials/Date \_\_\_\_\_  
 Membership \_\_\_\_\_ Swim Team \_\_\_\_\_  
 Splash Pass \_\_\_\_\_ Lessons \_\_\_\_\_  
 Drop-In \_\_\_\_\_ Merchandise \_\_\_\_\_

### Adult Responsible for Payment/Billing

First Name	Last Name	Date of Birth
Street	City/State	ZipCode
Primary Phone	Additional Phone(s)	
Email		
Emergency Contact Name	Phone	Relationship

### Additional Family Members

Family memberships include 2 adults and children 17 and younger who live in the same household. Only those participants registered will be permitted to use the facility.

First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB

**I agree to abide by the general rules of the Portsmouth Indoor Pool.**

Privileges may be revoked for any violation of principles or general rules of the Portsmouth Indoor Pool.

\_\_\_\_\_  
Signature of Adult Responsible for Payment/Billing

\_\_\_\_\_  
Date

### Payment Methods

**Cash**      **Check:** written to Portsmouth Indoor Pool      **Credit Card:** MC, Visa, AMEX, Discover

## Terms and Conditions

Guest use of the health facilities is conditioned upon registration and payment of daily fee, purchase/use of a splash pass (splash passes are non-refundable), or a Membership. Programs/classes may have a separate fee. Some programs/classes are included with a Membership. Please consult current information for a list of applicable programs/classes. The facility may amend its fees, rules, terms and conditions.

Member obligation to pay fees is not conditioned on the availability of all the health facilities. The Portsmouth Indoor Pool may close the facility or selected areas for at least 14 days per year for cleaning, maintenance, or special events. Appropriate notice will be posted. Extensions of membership for days the facility is closed or unavailable will not be given.

Lockers and parking facilities are provided solely for the benefit and convenience of members and for use only while using the facility. The Portsmouth Indoor Pool does not represent that they provide adequate protection of valuables or personal property. Members are strongly urged to lock and secure their valuables and personal property in lockers while using the facility. The Portsmouth Indoor Pool is not responsible for lost or stolen property. The Portsmouth Indoor Pool reserves the right to enter any locker for emergency purposes, to remove any lock left overnight on a locker, or to open any locker after closing. Contents of the locker will be held for 30 days after which it will be disposed of.

The Portsmouth Indoor Pool may forbid a guest or cancel a membership for anyone who violates the facility rules and regulations, conducts herself/himself in a discourteous manner, or otherwise interferes with the rights of another member.

## Cancellation Policy

1. If you have a monthly recurring membership you must fill out and submit a cancellation form to the Portsmouth Indoor Pool fifteen (15) days prior to the first of the month you would like the membership canceled.
2. If you have paid in full for the year you must submit a letter to the Portsmouth Indoor Pool stating the reason for canceling. A pro-rated refund will be given for the following:
  - a. You submit a doctor's order/letter stating you cannot physically or mentally receive the services.
  - b. You move either your residence or place of employment more than twenty-five (25) miles away from the Portsmouth Indoor Pool - verification of change of address/employment required.
  - c. In the case of your death, a written notice from your estate is received.
  - d. If the Portsmouth Indoor Pool fails to open and provide the health facility services, permanently discontinues operation of the facility, or substantially changes the operation of the health facility.

## Waiver of Liability

I, hereby, state that I am physically fit and do not suffer from any physical or health issues that would prevent me from participating in the Portsmouth Indoor Pool's physical programs. In order to participate, I am aware that the Portsmouth Indoor Pool reserves the right to request a letter and/or medical examination from a medical doctor stating my health status.

I, the undersigned, my heirs and assigns, hereby, indemnify and holds harmless the City of Portsmouth and the Portsmouth Indoor Pool (its directors, managers, employees and agents) from all legal responsibility for any injury, illness, or death caused or sustained by any Portsmouth Indoor Pool activity and/or program.

**I agree to the terms and conditions of this contract and the waiver of liability.**

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**Signature of Adult Responsible for Payment/Billing**

**Date**