

River City Racquet Club & Fitness Club

rcrs@cableone.net **466-2284** www.rivercityracquet.com

Pool Membership: Pool opens June 1st- Closes Labor Day

Please fill out membership application turn in and pay @ the Front desk

PLEASE SIGN-IN AT THE FRONT DESK PRIOR TO ENTERING POOL AREA

Pool Hours: Monday-Thursday: 11 am - 9:00 pm, Fri 11 am-8pm,

Saturday: 11 am-7pm. Sun 12:30-5

Family Swim Pass:

\$75 per month or \$150.00 for the entire summer

(A family swim pass consists of at least 1 adult, but no more than 2 and up to 5 children age 21 and younger living under the same household.) *(An additional \$10 must be paid per child for more than 5 children per family)*
A month pass is considered from the 1st day of the month to the last day of the month. (We cannot pro-rate)

Single Swim Pass:

\$40 per month or \$75 for the entire summer

A month pass is considered from the 1st day of the month to the last day of the month. (We cannot pro-rate)

Pool Guests:

Guests of Members: Children (age 3-21) \$4.00 Adults.....\$6.00/day

Non-Members: Children (age 3-21).....\$6.00/day Adults.....\$8.00/day

No lifeguard on Duty. Children under 14 must be supervised by an adult at all times.

-Pool Parties – (the club reserves the right to close the pool for parties)

Private pool Party: Members: \$20 per hour Non-Members: \$30 per hour \$50 non-refundable deposit*

Notification of Private Pool Parties will be posted @ the pool gate

A couple of days before the party or call 466-2284

If you are a Fitness or Tennis member the Pool membership is included.

RIVER CITY RACQUET & FITNESS CLUB

Summer Pool Membership Agreement

TYPE OF PASS: Family _____
Single _____

Full Summer _____ June only _____ July only _____ August-Labor day only _____

A month pass is considered from the 1st day of the month to the last day of the month. (We cannot pro-rate)

Name(s) of Family or Single Membership

Primary Adult:

1. FIRST NAME _____ LAST _____ Phone: _____

SECONDARY ADULT:

2. FIRST NAME _____ LAST _____ Phone: _____

CHILDREN 21 & UNDER, LIVING IN THE SAME HOUSEHOLD:

1. _____ Age _____ Relationship _____

2. _____ Age _____ Relationship _____

3. _____ Age _____ Relationship _____

4. _____ Age _____ Relationship _____

5. _____ Age _____ Relationship _____

More than 5 children per family: \$10 EXTRA per child

6. _____ Age _____ Relationship _____

7. _____ Age _____ Relationship _____

8. _____ Age _____ Relationship _____

Liability Waiver

River City Racquet & Fitness Club, which includes its officers, directors and agents, urges all members to obtain a physical examination prior to the use of the swimming pool or participation in any swimming exercise. I am aware that there is an element of risk of injury or death associated with swimming pool related activities that are available at River City Racquet & Fitness Club. I accept the risk of such activities and undertake them on my own responsibility. I am aware that such activities are recreational in nature and, after reading and understanding this document, I choose to participate voluntarily. In consideration of the permission extended to me and for the services furnished to me by River City Racquet & Fitness Club, I hereby for myself, my heirs, personal, representatives and agents, release and forever discharge any and all claims, demands, actions and lawsuits on account of my injury or death, that might occur as a result of negligent conduct, during my participation in activities, while at River City Racquet & Fitness Club. If, by reason of death or participation of activities, I am unable to participate in physical activities at River City Racquet & Fitness Club, my estate shall be relieved of any obligation to make payment for services other than that prior to death or order of disability. If any part of this waiver is invalidated by a court of law, then the remainder of this waiver shall remain in full effect. This Membership Agreement will be kept on file for 1 year after which it must be renewed. **No lifeguard on duty, children under 14 must be supervised by an adult at all times.**

I have read and agree with the waiver.....

PRIMARY ADULT SIGNATURE: _____

Emergency Contact _____ Phone _____

Amount pd \$ _____ Date _____ cc, cash, ck.
Emp. initial _____