**Greenfield Community Association 2024 Pool Membership Registration Form**

Please fill out completely and print neatly. Include the full name of all persons who will be coming to the pool and the age of each child as of May 31st.

Please note that Civic Dues of $50. per household are no longer included in your pool membership. Make checks payable to GCA; a $30.00 fee on all returned checks applies.

Mail forms with payment to: GCA, P.O. Box 35095, Bon Air, VA 23235.

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Names:

1st Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(At least one adult age 18+ is required per pool membership)

2nd Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-dependent Children:

1st Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Adults Residing in the Same Household, if any: (note: additional $100 per person fee)

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Pool Membership Rates | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family\* | $400.00 |  |  | **MEMBERSHIP** | $\_\_\_\_\_\_\_ |
| Couple | $250.00 |  |  | Civic Dues | $\_\_\_\_\_\_\_ |
| Single Adult | $150.00 |  |  | Additional Guest Passes | $\_\_\_\_\_\_\_ |
| Seniors (62+) each | $100.00 |  |  | Donations for new pool equipment | $\_\_\_\_\_\_\_ |
| Non Dependent Child each | $100.00 |  |  | Total | $\_\_\_\_\_\_\_ |
| \*Family rate applies to 2 adults in immediate family, plus legally dependent children under the age of 18. Additional Adults in the same household $100. each |  |  |  |  |  |

**Thank you for supporting your neighborhood pool!**

**Pool Membership 2024**

Adults are 18 years of age and up. **All pool memberships must include at least one adult.**

Members’ dependent children age 4 and under as of May 31st are free.

A non-dependent child is a child who is not the legal dependent of the member, but will come to the pool with the member on a regular basis. (ex. grandchild, non-custodial child, etc.)

Photos of pool members may be posted to the website during the pool season. If you would like for photos of you or your children not posted to the site, please notify the GCA in writing of this request.

Pool hours may be subject to change.

Use of illegal drugs (**to include marijuana**) on premises is strictly prohibited and will result in being asked to leave and the revocation of pool membership without refund.

Smoking/vaping are prohibited on the pool deck and inside the community center building.

As always if you have comments or suggestions as to how the GCA can better serve the community, please contact us at 804-320-8731, Facebook: GCA Board, or via email at [gcavaevents@gmail.com](mailto:gcavaevents@gmail.com)

Civic members and pool members receive 2 complimentary group passes per membership. Each pass grants one-time access for up to 4 people. Pass cards will be available for pick-up at the front desk at the start of the pool season. These passes are not mailed.

Once the 2 complementary group passes have been used, gate fees are $5.00/person.

Refunds for unused passes are not available.

The Greenfield Community Association is proud to sponsor the Gremlin Swim Team!

For more information, visit our website www.greenfieldcommunity.com

**Go Gremlins!**

**Gremlins 2024 Swim Team Registration**

Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$75 per swimmer. Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to: Greenfield Aquatics

\*Note: These fees may NOT be included with GCA membership.

Note: Fees do not include team suit.

Note: All Team members must be a member of the Greenfield Pool.

As the parent or legal guardian of the child(ren) named above, I hereby give the Gremlins coaching staff or Team Parent Representative permission to authorize medical treatment including but not limited to, emergency room treatment. I hereby release The Gremlins Swim Team and said Recreation/Civic Associations along with the coaching staff or team parent representatives from all claims that may arise in the case of the swim team meets or events. I hereby state that my child is free from any physical or health defect(s) in which participating as a team member would be detrimental to his/her health.

Parent/Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_

Date