Highlands Pool/Fitness Membership Application

Type of Membership: ☐ Swim/Fitness ☐ Fitness ONLY

Residency: ☐ Highlands Resident ☐ CSAI Resident ☐ Non-Highlands/CSAI Resident

ADULT MEMBERS

Last Name, First Name	DOB	Male/Female	Cell Number
1.			
2.			

CHILDREN AGES 3-17

Last Name, First Name	DOB	Male/Female	Cell Number
1.			
2.			
3.			

CHILDREN UNDER 3

Last Name, First Name	DOB	Male/Female
1.		
2.		

FAMILY ADDRESS_____
Street City Zip

PHONE_____
Home

EMAIL_____ EMAIL_____

Emergency Contact Name:_____ Phone:_____

How did you hear about us? ☐ Flyer in Mail ☐ Flyer to School ☐ Friends and Family

☐ Internet ☐ Pool Member (who?_____) ☐ Other_____

The applicant(s) hereby applies for membership to the Highlands Recreation District Pool/Fitness Membership (hereby referred to as "HRD") and agrees to be bound by the terms, conditions and rules, attached hereto which applicant acknowledges having received a copy of. Please read these terms, conditions and rules and sign at the bottom of this page.

TERMS AND CONDITIONS OF MEMBERSHIP

1. Applicant agrees to pay a non-refundable registration fee of $_____.

2. a. Applicant agrees to pay a non-refundable monthly fees of $_____ and will continue to pay the monthly fee and any charges incurred until termination of this membership. The monthly fee will be automatically deducted from your account. See Authorized Agreement for Direct Payments (ACH Debits) form for more information.

OR

b. Applicant agrees to pay in full for a year membership. This payment is non-refundable and will not be prorated for any reason. Fee $_____

3. Dues may be increased upon thirty (30) days notice.

4. The membership is not assignable or transferable.

5. Applicant shall be fully responsible and liable to the HRD for all obligations incurred and/or owed to the HRD by any person entitled to the use of the privileges of the HRD under this membership.

6. Guests will be allowed provided they are registered by the member at the Front Desk and the appropriate guest fee is paid (see Guest Rules).

7. The HRD reserves the right to revoke any and all membership privileges to any member and/or all persons entitled to the privileges under this membership whose conduct is in breach of any of the terms and conditions of membership, pool/fitness and facility rules and/or the HRD Code of Conduct.

8. A HRD Pool ID card required for admission to the pool. To replace a lost ID card, there is a $15 fee per card.

9. The pool Membership package and waivers need to be turned in before pool use.

10. The HRD is not responsible for valuables or personal property.

11. Pool membership includes a Fitness Membership for pool members 14 years old and older.

12. A member may resign at any time by submitting a written notice to the District (mailed to: HRD, Attn: Membership. 1851 Lexington Ave, San Mateo, CA 94402) of the intention to do so and meeting all of the following conditions.

    YOU MAY CANCEL THIS AGREEMENT AT ANYTIME PRIOR TO 5PM ON THE FIFTH BUSINESS DAY AFTER THE DATE OF THIS AGREEMENT.

_____ _____

Signature Date Signature Date

HIGHLANDS POOL/FITNESS CENTER MEMBERSHIP RULES

General Information

1. Summer memberships are for Highlands Residents only. Dates are determined each year.
2. Pool hours/schedule subject to change depending on pool, weather, season, usage, etc.
3. Sunday hours will be observed on most Monday Legal Holidays (except 4th of July). See seasonal brochure for current hours and schedule changes.

Guest Rules

1. Members are required to sign their guests in at the pool entrance and remain with their guests at all times.
2. Members are responsible for the conduct of their guests.
3. Guest fee for member guests is $3.00 per person. Children under 3 & non-swimmers are free.
4. All guests and non-members are required to write their name on the sign-in sheet.
5. Members can bring in a maximum of 6 guests (swimming & non-swimming) per family membership per visit.
6. Pool Parties can be booked to invite more than 6 guests in at one time. Call for more information.
7. Pool Entrance fee for non-members:
   Highlands Resident (with proof of residency) $5.00 per person
   Non-resident $10.00 per person
   Note: Children under 3 & non-swimming fee does not apply to non-members.
8. All non-members entering the pool must pay the entrance fee whether or not they are swimming.

Health Rules

1. Patrons need to shower with warm water before entering the pool and after using the restroom.
2. Persons who have had diarrhea in the past two weeks, infectious diseases, open sores and/or rashes are not permitted on Rec. Center grounds.
3. Appropriate bathing attire required in the pool (i.e. swim suits).
4. **Children three (3) and under must wear a swim liner** (available for purchase at Guard office). It is highly recommended for children age 4.
5. Animals are not allowed in the pool area.
6. Food and drinks permitted away from water only.
7. No chewing gum.
8. Smoking is not permitted on HRC grounds.
9. Spitting, spouting water and blowing one's nose in the water or deck are not permitted.
10. Hair bands or swim caps need to be used for persons with long hair.
11. In the event of a fecal incident, the pool will be immediately closed for decontamination procedures.

Safety Rules

1. Pool area is closed unless a lifeguard is on duty.
2. Children under eight (8) yrs. must be supervised by a responsible person fifteen (15) yrs. or older.
3. Children are not permitted in or near the pool during Adult Swim only times.
4. Unannounced emergency drills will occur randomly throughout the year. Please follow the directions of the lifeguards.
5. 'Kids' Break' is held each hour for fifteen (15) minutes. Children under the age of 17 must exit the pool **including** the baby pool during this time.
6. Patrons are NOT allowed in the Guard Office; filter area/room or storage room.
7. Horseplay (running, splashing, shoving, dunking, spitting, riding on shoulders, etc.) is NOT permitted.
8. Climbing is not allowed in the pool area (i.e. fence, guard stands, benches, etc.)
9. NO FLOTATION DEVICES ALLOWED (i.e. water wings, pfd's, swim suits with built in floatation pads, etc.).
10. Only HRC pool toys are allowed in the pool (exceptions are at the discretion of the lifeguard in charge or special approved activities/functions).
11. Face masks, fins, and snorkels permitted only for adult surface swimmers during lap swim.
12. Novice swimmers must remain in the shallow end of the pool unless accompanied by an adult within arms reach.

13. Passing the proficiency swim test (one length of the pool strong crawl stroke without stopping and treading water for 30 seconds) is required for novice swimmers before they are permitted to leave the shallow end.
14. T-shirts are not allowed in the pool.
15. Glass containers are not permitted in the pool area.
16. Alcoholic beverages, illegal drugs and persons under the influence of these substances are not allowed on the premises.
17. Running on the pool deck or in the bathrooms are not permitted.
18. Circle swimming is required during lap swim when there are more than two (2) people swimming in a lane.
19. During dome season, when the power is out the pool will be closed. Please call the pool on stormy days to get the status of the pool before coming to swim.
20. Diving is only permitted in the diving well and along the deep end wall.
21. **DIVING BOARD RULES**
    a. Diving board area may be restricted or closed at any time if deemed unsafe by lifeguard.
    b. Jumping, swimming, or diving off pool side is not allowed in diving area when the board is open.
    c. Only one (1) person allowed at a time on the board.
    d. One bounce only & dive straight out from board.
    e. Swim to designated ladder after diving.
    f. Previous diver must reach the ladder before the next person dives.
    g. The diving board is closed during Lap Swim.
    h. Inward Dives are not allowed.
22. **SLIDE RULES**
    a. Slide area may be restricted or closed at any time if deemed unsafe by lifeguard.
    b. Jumping, swimming, or diving, off pool side is not allowed in slide area.
    c. Feet first and face up position only.
    d. Only one (1) person allowed at a time on the slide.
    e. Swim to designated wall after sliding.
    f. Previous slider must reach the wall or swim out of the slide area before the next person slides.
    g. The slide is closed during swim lessons and lap swim.
21. **BABY POOL RULES**
    a. Parents are responsible for and must supervise their children.
    b. Only children four (4) yrs. and younger are allowed in baby pool.
    c. Children three (3) yrs. and under are required to wear a swim liner.
    d. Flotation devices are NOT allowed.
    e. Only HRC pool toys allowed.
    f. Baby Pool is closed during lap swim, adult swim, swim meet, and swim lessons.

Fitness Center Rules

1. A Fitness ID or Pool ID card is required for admission.
2. Pool/fitness Members need to sign-in prior to working out.
3. No food or drinks permitted in Fitness Center (water bottles acceptable).
4. Shoes and shirts must be worn at all times.
5. No pets allowed.
6. Children under the age of 14 yrs. are not permitted in the Fitness Center.
7. If you are unfamiliar with the equipment, please ask office staff for assistance.
8. Wipe down equipment after use.
9. There will be periodic walk throughs by Rec. Center staff during non-class times. Be prepared to show your Fitness ID or Pool ID.
10. HRC is not responsible for valuables or personal property.
11. Fitness Memberships are not transferable or refundable.
12. Fitness Center hours are subject to change depending on Fitness Center usage.
13. Fitness guests must be accompanied by a member at all times.
14. Fitness members are responsible for the conduct of their guests.
15. Fitness room only guest fee is $5.00 per guest per visit and is payable before working out.
16. Guests are permitted use of the Fitness Center, up to 4 times per month.
17. Guests must sign guest waiver form before working out.

The above rules are provided for your safety and health and must be enforced by the employees. Patron cooperation and assistance is appreciated.

HIGHLANDS RECREATION DISTRICT
POOL Membership 2016

I understand the inherit risks involved in participating in a pool/fitness membership.

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in a pool/fitness membership, I hereby waiver, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the on the part of persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless for any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if an applicant is under 18 years of age.) I herby consent that my child(ren),

1. _____ 3. _____

2. _____ 4. _____

Participate in the pool/fitness membership, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in this said activity. I hereby agree to indemnify and hold the persons and entities above free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of my death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature:_____ Date:_____ 20_____

Signature:_____ Date:_____ 20_____

Signature:_____ Date:_____ 20_____

Signature:_____ Date:_____ 20_____

Signature: _____ Date:_____ 20_____

Any medical conditions lifeguards should be aware of:

1st Member Name_____ **Date** _____

2nd Member Name_____ **Date** _____

HIGHLANDS FITNESS CENTER QUESTIONNAIRE

This questionnaire is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of this questionnaire is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. This questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the YES or NO line opposite the question of it applies to you.

1st Member		2nd Member		
YES	NO	YES	NO	
____	____	____	____	1. Has your doctor ever said you have heart trouble?
____	____	____	____	2. Do you frequently have pains in your heart and chest?
____	____	____	____	3. Do you often feel faint or have spells of severe dizziness?
____	____	____	____	4. Has the doctor ever said your blood pressure was too high?
____	____	____	____	5. Has your doctor ever told you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?
____	____	____	____	6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you want to?
____	____	____	____	7. Are you over age 65 and not accustomed to vigorous exercise?
____	____	____	____	8. Are you pregnant?

If you answered YES to one or more questions:

If you have recently not done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity. Tell your physician what questions you answered YES to on this questionnaire.

After medical evaluation, seek advice from your physician as to your suitability for:

- ☐ Unrestricted physical activity starting off easily and progressing gradually.
- ☐ Restricted or supervised activity to meet your specific needs, at least on an initial basis.

If you answered NO to all questions:

If you answered the questionnaire accurately, you have reasonable assurance of your present suitability for graduated exercise program – a gradual increase in proper exercise promotes good fitness development, while minimizing or eliminating discomfort.

Highlands Recreation District
1851 Lexington Avenue
San Mateo, Ca 94402
www.highlandsrec.ca.gov

AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Child's Name (if applicable): _____ **Program:** _____

I (we) hereby authorize **HIGHLANDS RECREATION DISTRICT**, hereinafter called DISTRICT, to initiate debit entries to my (our) ☐ **Checking Account/** ☐ **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. *

Depository

Name_____ Branch_____

City_____ State_____ Zip_____

Email_____

(Fill out email portion if you wish to receive a confirmation on date account is withdrawn.)

This authorization is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and in such time and in such manner to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

Name(s)_____
(Please Print)

Date_____ Signature_____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

***PLEASE ATTACH A VOIDED CHECK OF THE ACCOUNT YOU WISH TO DEDUCT FROM**

** Cancellation or changes must be received by the 15th of the month **prior** to the ACH withdrawal.

Routing Number_____ Account Number_____

NOTE: ONCE DEDUCTION PROCESS HAS BEEN CONFIRMED THIS LOWER PORTION WITH ACCOUNT NUMBER WILL BE APPROPRIATELY DESTROYED.