Last Name: _____

Ridgeside Community Pool
2016 Membership Registration

This form must accompany all checks, even if you have completed the form in previous years. Complete and return this form with your payment. Please be sure to include an active email address so that you will receive pool updates and announcements.

☐ Resident full access family **$224.00**

**** PRICE DISCOUNTED BY $25.00 IF PAYMENT IS RECEIVED BY JUNE 1st ****

I have read the rules and regulations of the Ridgeside Pool and agree to abide by them. I will be financially responsible for any damage caused by my family or our guests. I understand that there are inherent risks in swimming and pool activities and agree to release and hold harmless Ridgeside Community Pool, its board, its employees and the City of Ridgeside from any responsibility for loss of property or bodily injury.

Sign: _____ Date:_____

Street Address: _____

E-mail: _____

Alternate Emergency contact name: _____ Phone: _____

Please sign and return with a check payable to "Ridgeside Pool" to Pool Board member:
Tracie and Josh Murrah, 129 Ridgeside Road, Chattanooga, TN 37411 Phone: 423-290-5470

PAYMENT IS DUE UPON FIRST VISIT AFTER MEMORIAL DAY.

During the pool season, feel free to contact the Pool Manager Brandon Lowry for membership.

Adult Member(s):_____

Phone: _____

Youth Member: _____ Age: ___

Youth Member: _____ Age: ___

Youth Member: _____ Age: ___

Youth Member: _____ Age: ___

2016 Ridgeside Community Pool