

# HIGH KNOB POOL REGISTRATION FORM

Please fill out this form clearly and completely. Return your completed form to the High Knob Office during business hours, or after hours via the office mail slot on the right of the office door. If dropped off after hours, allow two full business days for processing. Email acknowledgment with the date for pick up will be sent to the email address provided on this form. You may pick up your passes after that date at the pool. **Pool Monitors will NOT accept registration forms**

**A new completed form is needed from each household every year.** A resident living on High Knob for at least 30 days must be registered on this form. There is no fee to use the pool for High Knob members in good standing. No pass will be issued for anyone with delinquent Sanitary District Fees due to the county. Renters can purchase a pass for \$40. The guest fee is \$5 cash per guest. A prepaid guest punch card with the resident's name on the card is also available. If an adult season pass is lost, a replacement can be purchased at the office for a fee of \$5.00. **Guest punch cards are not refundable if lost.**

**Season Passes are not transferable.** Please note that monitors may check your ID as you enter the pool or at any other time during your stay at the pool.

## PLEASE PRINT LEGIBLY

MAILING ADDRESS: \_\_\_\_\_

HIGH KNOB ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ WK #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*(Email address is required to acknowledge after-hours drop off of a completed form and all fees.)*

## ADULTS 18 & OVER

RESIDENT: \_\_\_\_\_ RESIDENT: \_\_\_\_\_

RESIDENT: \_\_\_\_\_ RESIDENT: \_\_\_\_\_

RESIDENT: \_\_\_\_\_ RESIDENT: \_\_\_\_\_

## CHILDREN 2-17

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

## ACKNOWLEDGEMENT AND RELEASE

I, \_\_\_\_\_ hereby acknowledge on behalf of myself, my family, and my guests that High Knob Owners' Association, Inc. (HKOAI) provides neither lifeguard services nor supervisory personnel in the operation of the HKOAI pool and clubhouse. Furthermore, I acknowledge and accept full responsibility for the supervision of any minors, either family or guests, that I allow to use the HKOAI pool and related facilities.

I hereby indemnify, release and forever discharge and hold harmless the Directors, Officers, and Employees of HKOAI from any and all claims, demands, judgments, and legal fees arising out of or in connection with the use of the HKOAI pool and related facilities by my family, my guests and myself. Additionally, I acknowledge receipt of the "Rules for the Use of the Pool" and agree to abide by them.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_