

HIGH KNOB POOL REGISTRATION FORM

Please fill out this form clearly and completely. Return your completed form with payment 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 acknowledgement 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.

A new completed form is needed from each household every year. A resident is anyone living on High Knob for at least 30 days and must be registered on this form. Please do not list extended family in this form. There is a sign-in sheet at the pool for guests. The guest fee is **\$5.00 cash** per guest. A prepaid guest punch card with the resident's name on the card is also available, see details below. If an adult numbered season pass is lost, a duplicate can be purchased at the Office for a fee of \$5.00. **Guest punch cards are not refundable if lost.**

Pool Monitors will NOT accept registration forms

The season pass fee is \$40.00 per Adult (18 and older) and a \$15.00 fee per Child (2-17). Children under the age of 2 are free. After August 1, season passes reduce to \$14.00 per Adult, and \$7.50 per Child for residents. **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 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: _____

I wish to purchase _____ Adult Season Pass(es) for \$40.00 each

I wish to purchase _____ Child Season Pass(es) for \$15.00 each

I wish to purchase _____ Guest pass punch card for \$20.00 each (4 admissions)