



Robinwood West

Community Improvement District

12556 Merrick Drive

St. Louis, MO 63146

Office: 314-434-8622

RWCID RESIDENT ANNUAL POOL REGISTRATION 2009 SEASON

Submit completed application form **in person** to the Pool Membership Desk at the Community Center. For Desk hours, call the Office. Proof of identification and residency is required for each adult and child listed.

HOUSEHOLD INFORMATION: List each person residing in your home who will be using the pool. Adult signature required at bottom of form.

Adults (21 years and older):

Children (Print, use full names):

1ST SPOUSE: _____

BIRTHDATE:

Address: _____

H: _____ City, Zip: _____

W: _____ C: _____

2ND SPOUSE (if applicable): _____

W: _____ C: _____

3RD ADULT: _____

Relationship to Household: _____

W: _____ C: _____

4TH ADULT: _____

Relationship to Household: _____

W: _____ C: _____

5TH ADULT: _____

Relationship to Household: _____

W: _____ C: _____

1ST CHILD: _____ / ____ / ____

2ND CHILD: _____ / ____ / ____

3RD CHILD: _____ / ____ / ____

4TH CHILD: _____ / ____ / ____

5TH CHILD: _____ / ____ / ____

6TH CHILD: _____ / ____ / ____

7TH CHILD: _____ / ____ / ____

FOR AND IN CONSIDERATION of having the right of access and use to the community swimming pool facility of the Robinwood West Community Improvement District, I, the undersigned resident agent, for myself, members of my household, and guests thereof, and each of my and their heirs, executors, administrators, successors, assigns, and insurers assume any and all risks associated with the right of access and use in the Robinwood West Community Improvement District's swimming pool facility and unconditionally and voluntarily release and waive any and all rights and claims that I/we may now, or in the future, have against the representatives, contractors, affiliates, successors (collectively, the "Released Parties"), arising out of the operation of the swimming pool facility and/or arising out of my right of access and use of the Robinwood West Community Improvement District swimming pool facilities.

I hereby fully release and discharge the Released Parties from any and all claims for injuries, death, damage or loss which I may have or which may accrue to me, my household members, or household guests from participation in the use of the swimming pool facility, even though that liability may arise out of the negligence, carelessness or other conduct on the part of the Released Parties. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims, damages, liability and/or costs (including attorney's fees) arising out of, connected with or in any way associated with my household members or my household guests' participation in the use of the swimming pool facility.

I hereby acknowledge that I have received and reviewed with each Pool Member listed above the RWCID Pool Rules of Conduct and the RWCID Pool Member Rules, Regulations and Registration.

Signature of Resident Agent: _____ Date: ____ / ____ / ____

Print Name of Resident Agent: _____

FAMILY EMERGENCY CONTACT:

Name: _____

City: _____

Phone #s: _____

DISTRICT OFFICE USE ONLY

Date Received:

Received By:

____ / ____ / ____

Approved: _____