

Matthews Thomas Park Pool Membership
6737 Olde Eight Rd
Boston Heights, OH 44236
(330) 655-5160
Boston Heights Village Hall
(330) 650-4111

POOL OPERATING SEASON:
SATURDAY, MAY 26, 2012 THROUGH SEPTEMBER 1, 2012 WEATHER PERMITTING

MEMBERSHIP FEES	RESIDENTS	NON-RESIDENTS
SENIOR SINGLE	\$ 26.00	\$ 44.00
SENIOR COUPLE	\$ 42.00	\$ 62.00
SINGLE (OVER 18)	\$ 95.00	\$ 200.00
COUPLE	\$ 113.00	\$ 239.00
FAMILY 6 OR LESS	\$ 129.00	\$ 279.00
FAMILY 7 OR MORE	\$ 152.00	\$ 331.00
GUEST	\$ 3.00 each	

All rates include 3% admissions tax

Couple and Family Memberships require residency in the same household.
Babysitters, governess, nannies and au pairs are not considered part of a family membership.

Any resident/non-resident between the ages of 18-21 years of age still residing at home may join under the family plan. All members must read and abide by the attached list of rules to assure the safety and well being of everyone.

The pool will be available for private parties after regular pool hours.
Reservation fee of \$25.00 (maximum 25 individuals) plus lifeguard fee (2 lifeguards minimum 2 hours)
The reservation and lifeguard fee is non-refundable (unless cancelled 72 hours prior to scheduled event).
Reservations must be made by pool member.

A suspension of membership sales will be at 120 memberships. The board will be notified when reaching the 120 membership limit for the review of additional membership requests.

****POOL RATES WILL NOT BE DISCOUNTED ANYTIME DURING THE SEASON****

GENERAL PARK AND POOL RULES

1. Parents or designated responsible adult are responsible for their children while at the park and pool.
Please note: Lifeguards are not baby sitters.
2. All members must properly sign in when entering the pool area.
3. Children under 12 years of age must be accompanied by an adult.
4. Adult swim time 11:00 am - 12:00 noon (subject to change).
5. Members are to sign in their guests. Limit 4 guests per membership per day, unless prior arrangements have been made with the pool staff. Guests must be accompanied by a member 12 years of age or older.
6. Proper swimming apparel must be worn. Cut offs or denim swimwear will not be permitted.
7. A 15 minute safety break is taken on the hour, at which time adults (18 and over) will be allowed to swim.
8. An adult must be present with any baby using the baby pool.
9. Water wings and other floatation devices may be used with the permission of the life guard on duty. Adult supervision is required.
10. Masks and fins are to be used properly and worn only in water. Adult supervision is required.
11. No smoking within the fenced area of the pool.
12. No parking on any grass area.
13. Speed in excess of 10 mph, peeling of tires and/or reckless operation will not be permitted.
14. All trash is to be placed in trash containers or dumpsters.
15. Violations of any of the above rules or improper behavior is grounds for ejection from the park and/or pool and suspension of pool privileges. All violations are reported to the Mayor.
16. Alcohol is not permitted on park property.

PLEASE FILL OUT IN PEN

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

RESIDENT _____ NON-RESIDENT _____

AMOUNT PAID _____ CASH _____ CHECK# _____

PLEASE LIST BELOW THE NAMES OF FAMILY MEMBERS INCLUDED IN THIS APPLICATION.

NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE MAKE CHECKS PAYABLE TO THE VILLAGE OF BOSTON HEIGHTS RECREATION DEPT.

VILLAGE OF BOSTON HTS.
45 E. BOSTON MILLS RD
HUDSON, OHIO 44236

**Emergency Medical Authorization For
Matthews-Thomas Park**

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under park supervision when a parent or guardian cannot be reached. This section must be completed for children **18 years and under** and turned in at the pool office or city hall before using the pool. Please fill out one for each child. This form will be kept confidential and on file.

In the event reasonable attempts to contact me at _____(phone number) OR (other parent/guardian)_____ at (phone number)_____ have been unsuccessful, I hereby give my permission for (1) the administration of any treatment deemed necessary by Dr. _____ (Physician preferred) or by Dr. _____(preferred dentist), or in the event the designated preferred practitioner or dentist is not available, a licensed physician or dentist and (2) transfer of the child to _____(preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken and Any physical impairments to which a physician should be alerted.

Authorization to administer peroxide (check if YES) _____ First Aid Cream _____
Address of parent/guardian.

Signature of parent/guardian

Date

VILLAGE OF BOSTON HEIGHTS

45 E. Boston Mills Road • Boston Heights, Ohio 44236

Phone 330.650.4111 Fax 330.655.9578

WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS

In consideration of the consent given by the MATTHEWS THOMAS PARK and/or the Village of Boston Heights, Ohio, for use of their facilities, swimming pool, and grounds, and as a condition of participating in activities within the parameters of the MATTHEWS THOMAS PARK and/or any of its facilities, swimming pool, and/or grounds, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

I understand and acknowledge that the Village of Boston Heights, Ohio, the MATTHEWS THOMAS PARK and/or any of their facilities, swimming pool, employees, agents, public officials, boards, legislative body, committees, grounds, equipment, and/or property, may expose me, my child(ren), my guests, members of my organization and/or my organization to certain risks of personal injury (including death) and other property damage, and I, on behalf of myself, my child(ren), my guests, members of my organization and my organization, am willing to and do hereby as indicated below by my signature assume all these risks, known and unknown.

I accept full responsibility for any medical expenses and insurance to cover me, my child(ren), my guests, members of my organization and/or my organization for any personal injury (including death) and/or property damage arising out of any condition and/or use of the Village of Boston Heights, Ohio and/or the MATTHEWS THOMAS PARK's facilities, swimming pool, and/or grounds.

I hereby certify that I, my child(ren), my guests, and members of my organization are capable of participating in the activities of the MATTHEWS THOMAS PARK and/or any of their facilities, swimming pool and grounds and I, my child(ren), my guests, and members of my organization are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in any activities except as listed below.

I, AS AN INDIVIDUAL AND ON BEHALF OF MY CHILD(REN), MY GUESTS, MEMBERS OF MY ORGANIZATION AND/OR MY ORGANIZATION, HEREBY WAIVE, RELEASE, AGREE TO DEFEND AND FULLY INDEMNIFY AND COVENANT NOT TO SUE THE VILLAGE OF BOSTON HEIGHTS, OHIO, THE MATTHEWS THOMAS PARK AND/OR ANY OF THEIR EMPLOYEES, AGENTS, PUBLIC OFFICIALS, BOARDS, LEGISLATIVE BODY, COMMITTEES, AND/OR OTHER REPRESENTATIVES, FOR ANY AND ALL CLAIMS, RIGHTS, CAUSES OF ACTION, DEMANDS OR OTHERWISE, WHETHER FOR PERSONAL INJURIES, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE, OR EXPENSE, WITHOUT LIMITATION, MADE ON ACCOUNT OF OR RELATED TO INJURY SUFFERED IN THE NORMAL COURSE AND USE OF THE VILLAGE OF BOSTON HEIGHTS, OHIO AND/OR THE MATTHEWS THOMAS PARK'S FACILITIES, SWIMMING POOL, AND/OR GROUNDS, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS.

Date _____

Name, AS AN INDIVIDUAL AND AS PARENT/GUARDIAN AND REPRESENTATIVE

Please list any physical limitations (allergies, hearing, sight, inability to swim, etc.) and person's name:
