



Rockville Swim and Fitness Center
 355 Martins Lane
 Rockville MD 20850
 240-314-8750
 www.rockvillemd.gov/swimcenter



APPLICATION FOR REDUCED PRICE MEMBERSHIP

Please Note: Reduced Price Memberships are available for residents of Rockville (residing within the corporate limits) meeting established income limits. Reduced Price Memberships are \$15.00 for Individuals and \$25.00 for Families, annually. This membership entitles you to Daily Admission prices of \$1.00 for Adults and \$0.50 for Children (ages 1-17). Make sure to submit COPIES of the applicable documents listed below.

ONE of the following proof of residency documents must be provided:

- Current water bill (In client name and address)
- Tax bill (In client name and address)
- Current drivers' license or other State issued photo ID card.

ONE of the following documents listed below must be provided:

- Award letter from Maryland Department of Human Resources/Montgomery County, Department of Social Services verifying eligibility for one of the following:
 - Temporary Cash Assistance (TCA)
 - Food Stamps / Supplemental Nutrition Assistance Program (SNAP)
 - Medical Assistance from Montgomery County Dept. of Social Services (for low income families, provided by the county; this does not include state insurance).
 - Transitional Emergency Medical and Housing Assistance (TEMHA)

Customer ID # _____

Note: Documents must indicate eligibility period and names of household members receiving benefits (We do not accept Medicaid cards or Care for Kids).

- Proof of Rental Assistance – Public Housing, HUD Section 8 Housing, HOC (MPDU not accepted). This must be a current document from the agency providing the assistance, which names the eligible tenants.
Lease Term: _____
- Supplemental Security Income – This document must be dated within a year of your application.
Expiration date: _____
- Proof you (or you and your dependents) reside in a shelter – This must be a letter from the shelter dated within a month of your application and, if applicable, list your dependents living with you.
Expiration date: _____

For further information visit or call the Swim and Fitness Center between 8:00am – 4:00pm, Monday – Friday.

Applicant Please Print Information Below:

D.O.B. _____ Email _____

Mr./Mrs./Ms. _____
 (circle one) Last Name First Name Initial

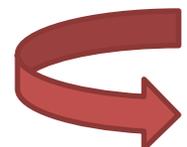
Applicant's Home Address _____

City _____ State _____ Zip Code _____

Home Phone# _____

Secondary# _____

See Next Page



Applicants must submit application IN PERSON at the Swim and Fitness Center.

On the chart below, print the name of each person who is to receive a pass. All adult members must verify their address (with state issued ID) prior to receiving their membership card. Persons named for a Special Reduced Price Membership must be included on documents required for verification as indicated above.

Last Name	First Name	MI	DOB	Age	Sex	Relationship
1.						
2.						
3.						
4.						
5.						
6.						

I agree to abide by the rules and Regulations of the Rockville Swim and Fitness Center. This membership is not transferable and is not refundable. I certify that all information given on the application is true and correct. I understand that any false or misleading statements and/or documentation may result in termination of this membership.

RELEASE, WAIVER, ASSUMPTION OF RISK AND CONSENT

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By my participation in a City of Rockville, Department of Recreation and Parks program and/or entering this facility, I agree to follow all posted and/or published rules and staff member's instructions. Violation may result in removal from the program and/or suspension from the facility.

 Signature of Participant Date Signature of Parent or Legal Guardian Date
 (If applicant is under 18 years of age)

Date Received: _____ Approved: _____ Family of ___ / Individual
 Date: _____
 Customer Contacted to Register: _____

If Not Approved, Reason:

Customer Contacted to with Rejection Status: _____, by: _____