

2010 HHST Membership Form

Member # _____

Member One: Please write clearly

Last Name: _____ First Name: _____

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Member Two: Last Name: _____ First Name: _____

E-mail Address: _____ Alternate Phone: _____

General Information:

Street Address: _____ City, Zip _____

(By giving us your e-mail you are agreeing to receive the Hampden Heights newsletter, events at the pool and in the neighborhood).

Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

FEES:

Initiation Fee	\$1000	_____
Family Membership	\$500	_____
Nanny Fee (non-member babysitter)*	\$50	_____
Senior Membership	\$210	_____
10 Additional Guest Passes	\$30	_____
Donation to HHST**		_____
	Total Amount included	_____

Release and Waiver of Liability and Indemnity Agreement: In consideration for being permitted to utilize the facilities, services and programs of Hampden Heights Civic Assoc. (HHCA) /Hampden Heights Swim & Tennis (HHST) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with HHCA/HHST, without respect to location, the undersigned, for himself or herself and for their children, hereby acknowledges, and agrees that they will inspect or accept the equipment and facility as being safe and reasonably suited for the purpose of participation or observation. The undersigned hereby releases, waives, discharges and covenants not to sue the HHCA/HHST, its directors, officers, employees or agents for any injury or damage sustained while on or about the premises, while either observing or participating in any of the programs. The undersigned also assumes FULL RESPONSIBILITY for any injury, death or property damage while in, about, or upon the premises on the Hampden Heights pool grounds and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the HHCA/HHST. The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement for themselves and their children.

I HAVE READ THIS RELEASE:

Member 1: _____ Date _____

Member 2: _____ Date _____

Please make checks payable to: HHST and mail to: HHCA PO Box 371452 Denver CO 80231

Questions about membership please contact: Faye Ganley fganley@aol.com or 303-337-4667

TO RECEIVE YOUR 10 FREE GUEST PASSES YOUR APPLICATION AND PAYMENT MUST BE POST MARKED BY MAY 1, 2010.

*Nanny Fee is for a non-member babysitter of a member's child. You may opt to purchase guest passes for your babysitter at the