

For Office Use:	
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Constant Contact	

Summer Pool Day Pass Registration Form

It is only necessary to fill this form out once per season. Day pass fees are due each time you attend the pool. Name: ______ Phone #: (______) ___-___ Address: _____ Town: _____ State: ____ Zip: E-Mail: @ Immediate Family Members Names & Children's Ages (includes spouses and children): I have read and agree to adhere to the attached rules and regulations. Date: Signature: I understand that Dedham Community Association, Inc., also known as The Dedham Community House (collectively with its employees, directors, other staff, members, contractors, agents and representatives, "DCH"), and other program participants assume no responsibility or liability for me for any accident, illness, injury or other harm to me, or for any loss, damage or other harm of or to personal property caused by (i) my negligence or negligence of others, (ii) risks inherent to use of any facilities and participation in any activity at or through DCH, or (iii) otherwise as a result of such use of facilities and participation in the activity. I carefully considered, acknowledge and assume all risks in connection with such use of facilities and participation in the activity, and I hold DCH harmless from any and all loss, action, claim, expense, damage and liability of every kind or nature, and agree to indemnify DCH with respect to all of the foregoing to the extent caused by my own actions or inactions. By signing this form I confirm to DCH that I am at least 18 years of age and that I have read, understand and agree to the foregoing. Participant's Signature/ Parent's Signature: ______ Date: _____

Day Pass Packs

20 Day Passes for \$160 – a \$40 savings OR 10 Day Passes for \$90 – a \$10 savings

Records of day passes purchased and used will be kept at the DCH Pool Office

Please make all checks payable to the:

Dedham Community House

671 High Street
Dedham, MA 02026
781.329.5740

www.dedhamcommunityhouse.org