

Colony Recreation & Civic Association Caregiver Add-On

P.O. Box 22363, Newport News, VA 23609

Date Rec'd _____

Amount Rec'd _____

Membership Input _____

Caregiver Added to Original Membership: _____

Caregiver Information

Name: _____

E-mail: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Caregiver Photo: An updated photo of caregiver on the application is required before accessing the pool. You can provide one via mail with this application (colonypoolmembers@gmail.com), mail with the application or deliver it to the front gate.

Signature Page

1. **Code of Conduct:** To ensure we establish a SAFE, WELCOMING atmosphere for members of all ages, families, and guests, the following Code of Conduct is required. Use of the facilities is a privilege. You agree to meet the following or risk dismissal for the day, week, or longer duration as determined by the Colony Pool Board:
 - a. No violence or threat of violence against a member, guest, or staff member (violation of this will result in IMMEDIATE suspension of all pool privileges for the remainder of the pool year)
 - b. The lifeguards and staff are to be treated with respect at all times
 - c. No bullying, intimidation, horseplay or rough housing
 - d. No profanity, rude or unkind comments to anyone on pool property
 - e. No inappropriate touching on pool property
 - f. No smoking, vaping, or juuling inside the fence on pool property
 - g. No alcohol is permitted on pool property
 - h. Siblings under 10 must be accompanied by an adult member or sibling over the age of 16

If a member or minor member has their privileges suspended for three days, the member or minor member CANNOT return to pool property until the member or minor member's parent/guardian meets with a pool board member to discuss the code of conduct and the unacceptable behavior.

I/We agree with the code of conduct for Colony Pool for 2024.

2. Photographic Release Statement

I hereby grant permission to Colony Recreation and Civic Association to use photographs and/or video of me, members listed on this application, or guests with me at the pool or other activities in publications, news releases, online website, and in other communications related to the mission of Colony Pool.

3. Membership Signature

I am purchasing a Caregiver Add-on to a General Membership to Colony Recreation & Civic Association. I understand that I must be accompanied by individuals on the original membership to gain pool access. I understand that all money must be paid in full and application approved before member privileges are granted.

