



Hilltop Gardens Pool Membership Application Form 2019

Name _____ Surname _____ ID Number _____

Email Address _____

Home Address _____

Contact Number _____ Emergency contact number _____

Date of Membership _____ Date of Expiry _____

Fee Schedule		
Adult (30+)	3 Months	€300

Agreement & Terms and Conditions	
1. Membership access. A member must present his/her membership card at the Lounge Bar for admittance to the Pool. Admittance may be refused if a member fails to provide his/her membership card on request. A €5.00 fee will be charged to replace membership cards which are lost or stolen. Membership cards cannot be assigned or transferred to another person. Accompanying guests who are not members are required to pay at the Lounge Bar.	
2. Age requirement. To qualify for a pool membership, the applicant must be 30 years of age and over. Anyone under 30 years of age, inclusive of toddlers and children, are strictly not allowed by the pool area. Pets are not allowed.	
3. Hours of operation. Pool members are entitled to utilize the pool daily between 9AM and 6:30PM. Hilltop Gardens reserves the right to vary, add or eliminate access from the pool in any given time according to need.	
4. Personal Property. The Management is not responsible for theft or loss of personal property. Please secure all valuable items prior to entering the pool.	
5. Food & Beverage. Only food & beverage items purchased from The Lounge are permitted.	
6. Conduct. The Management reserve the right to refuse entry, cancel a membership or request a member to leave the premises if the member does not behave in a responsible manner, is under the influence of drugs and/or alcohol or does not adhere to the conditions of use.	

We'd like to stay in touch with exclusive offers and the latest information from Hilltop Gardens and the related entities within Hilltop Gardens Retirement Village. You can ask us to stop anytime but if you want to hear about us we ask you to opt-in by ticking the box. You can find out about your rights and choices, and how we use your information in our Privacy Policy on www.hilltopgardens.com.mt	<input type="checkbox"/>
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Declaration	
I hereby declare that all information provided for the purpose of this application form is to my knowledge complete and correct. I certify that I am in good health and in proper physical condition to use the pool. In addition, I have not been advised of any medical conditions that would impair my ability to use the pool.	
Date: _____	Applicant's Signature: _____

For Office use – 2 Passport Photos Assigned Membership Number _____ Processed by _____