

West Rockhill-Sellersville  
Joint Recreation Authority  
140 East Church Street  
Sellersville, PA 18960  
Phone: (215) 257-5075  
[sellersvilleboro.org](http://sellersvilleboro.org)  
[westrockhilltownship.org](http://westrockhilltownship.org)



Holiday House Pool and  
Recreation Center  
801 Washington Ave  
Sellersville, PA 18960  
[holidayhousepool@gmail.com](mailto:holidayhousepool@gmail.com)  
Seasonal Phone: (215) 257-5793

## 2026 Summer Swim Lessons

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Child's Name	Age	Swim Level – Beginner, Intermediate, Advanced

\_\_\_\_ **Group Lessons – \$115/person**

**Session I June 15 – June 25 (Monday – Thursday) 10:00am – 10:45am**

**Session II July 6 – July 16 (Monday – Thursday) 10:00 – 10:45**

\_\_\_\_ **Private Lessons – \$230/person:**

**Private Swim Manager will contact you to arrange time**

**\*\*Waiver on back must be signed\*\***

Holiday House Pool reserves the right to combine swim lessons if necessary. There will be no refund of payments or transfers for any reason – including cancellations or failure to attend swim lessons.

Note: All times are subject to change due to weather and/or conditions.

## HOLIDAY HOUSE POOL

### Pool Use Waiver Form 2026

I acknowledge that I have read this waiver of liability and fully understand these terms. I agree to accept the risk of any pool use and further agree to not hold Holiday House Pool employees, Sellersville Borough, West Rockhill Township and its employees, or any instructors conducting classes in which I have enrolled, liable for any and all claims, suits, losses or related cause of action for personal injuries or damages that may arise out of my participation. I also agree to pay for any and all damages caused to the facility by me or my actions. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in swimming and water activities. I represent and warrant that I am physically fit and I have no medical condition that would interfere with my safety and/or the safety of others. I understand that I am responsible for monitoring my own condition throughout swimming and water activities and should any unusual symptoms occur, I will cease my participation and notify the instructor or lifeguard of the symptoms.

In consideration for being permitted access to Holiday House Pool, the undersigned agrees on behalf of themselves, their family members and any minors under their supervision:

*To make use of Holiday House Pool with full knowledge that such use could result in potential injury or personal property damage.*

*To assume all risks and responsibilities associated with any injuries or personal property damage suffered in conjunction with use at Holiday House Pool.*

*To indemnify and hold harmless Holiday House Pool.*

*The Sellersville Borough staff, West Rockhill Township staff, and Holiday House staff have the right to enforce rules of conduct and may remove guests from the premises for failure to comply with these rules. Guests are not entitled to receive a refund after such removal. By affixing my signature here, I certify that I am acting as head of household in agreeing to this liability waiver on behalf of myself, family members and minors under my supervision.*

**PLEASE WRITE LEGIBLY**

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2026