

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



Holiday House Pool and Recreation Center
801 Washington Ave
Sellersville, PA 18960
holidayhousepool@gmail.com
Seasonal Phone: (215) 257-5793
Find us on FACEBOOK
<https://www.facebook.com/HolidayHousePool/>

2026 RESIDENT
(Must reside in Sellersville Borough or West Rockhill Township)

Returning Members: Apply and pay for Holiday House Memberships through this link
<https://holidayhouse.recdesk.com/Community/Home>

Paper applications ONLY: (CASH OR CHECK ONLY) may be hand-delivered or mailed to: West Rockhill-Sellersville Joint Recreation Authority, 140 East Church Street, Sellersville, PA 18960
Make checks payable to: WR-Sell Jt. Rec Auth

Applicant's Family Last Name

E-Mail Address

Address

City

Zip Code

Please Indicate which Township or Borough You Reside In

Emergency Contact Information: Name Phone#

Badge Holder's Full Name	Badge Number Internal use only	Additional Family Member Full Name	Badge Number Internal use only
1.		5.	
2.		6.	
3.		7.	
4.		8.	

By affixing my signature, I confirm that all persons listed above are members of applicant's immediate family, limited to mother and/or father, daughters, and sons, and all listed currently reside full time at applicant's address. I understand that to have listed persons other than those described or to transfer badges issued under this application to another person, will result in cancellation of the entire application.

(X) Signature and Date * () Phone

***WAIVER ON BACK OF APPLICATION MUST ALSO BE SIGNED**

Badges will not be issued without signed waiver

Ticket Type	Same Price as 2025 by March 31st		After March 31st	
	Amount	Quantity	Amount	Quantity
Family of 2	\$225.00		\$259.00	
Family of 3	\$298.00		\$343.00	
Family of 4	\$370.00		\$426.00	
Family of 5	\$443.00		\$509.00	
Family of 6	\$542.00		\$583.00	
Each additional member after 6	\$ 33.00		\$ 50.00	
Single	\$113.00		\$140.00	
Single Senior - ≥ 62 years or more	\$ 100.00		\$100.00	
Children <u>under 3</u> free (must be listed below for badge)	\$ 0.00		\$ 0.00	
TOTAL				



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:

- 1. To make use of Holiday House Pool with full knowledge that such use could result in potential injury or personal property damage.***
- 2. To assume all risks and responsibilities associated with any injuries or personal property damage suffered in conjunction with use at Holiday House Pool.***
- 3. To indemnify and hold harmless Holiday House Pool.***
- 4. That 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