



70 Marshall Way Fieldale, VA 24089
fieldalepools.com

Membership Application

Summer 2026

1 - \$250 2 - \$300 3 - \$350 4 - \$400 5+ - \$450

First Responder - \$225 Day Pass - \$10

***All children must be of the same household age 24 and under ***

*** A signed liability waiver is REQUIRED for membership. ***

*** If using a Discount code, attach proof of age, military ID, or address ***

***10 percent discount on all memberships prior to April 15, 2026

Date _____ Email _____

Address _____

City/State/Zip _____

Primary Phone _____ Other Number _____

*** Phone numbers are REQUIRED in case of emergency. Your application will not be processed until we have a valid phone number on file.***

Name	Age	Male/Female
#1- Parent		
#2- Parent		
#3		
#4		
#5		
#6		

Responsible Member: _____ Date: _____



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Terms and Conditions

- A [parental consent form](#) must be filed for all swimmers under 18.
- **All swimmers under the age of 14 MUST BE accompanied by an approved adult as designated on the membership application.**
- All members and guests agree to follow the rules and regulations of Fieldale Pools. Failure to follow these rules may result in suspension of membership privileges.
- All approved member guests are subject to the terms of membership.
- The Responsible Member must be a parent or legal guardian adult member for others.
- The Responsible member phone numbers are REQUIRED for emergency purposes. Your application will not be processed until we have a valid phone number on file.
- A signed [liability waiver](#) is REQUIRED by the Responsible member for membership.
- All children must be of the same household age 24 and under.
- Children under the age of 14 must be accompanied by an adult at all times.
- Swim tests may be required for deep water access.
- If using a discount code please attach proof of age, Military ID, or address as required.

Fieldale Pools Mailing Address:

Fieldale Recreation Center, LLC
PO Box 7252
Roanoke, VA. 24019

I have read the Terms and Conditions and agree:

Responsible Member: _____ **Date:** _____

Other Approved Adults:

Responsible Member: _____ **Date:** _____

Responsible Member: _____ **Date:** _____

***Each member receives a free day pass based on the amount of people within the membership plan.**



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MAKE CHECKS PAYABLE: FIELDAL POOLS

Office Use Only: Amount received with Application \$ _____
Amount paid by check \$ _____ Check # _____
Paid by Debit/Credit Card \$ _____ Paid in Cash \$ _____