

TUCKAHOE VILLAGE WEST RECREATION ASSOCIATION (TVWRA) 2025 Application

2100 Bradon Road | Henrico, VA 23238

Family Last Name: _____ **Referring Family?** _____

Full Address: _____ **Zip:** _____

Email 1: _____ **Email 2:** _____

Please provide physical description (i.e., height, weight, hair color, and other distinguishing details) that can be used by guards.

	Last Name	First Name	Age as of 5/1/2025	Physical Description
Adult Member 1:			xxxxx	
Adult Member 2:			xxxxx	
Others Living At Same Address: If more lines are required, please complete an additional form.				
Grandparent or Babysitter Add on?			Please Complete Childcare Addendum	

Member 1 Occupation: _____ Cell Phone: _____

Member 2 Occupation: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone Number: _____

Physician: _____ Phone: _____ Pediatrician: _____ Phone: _____

Initial Appropriate Category, Sign Application, and Submit Payment

*****ALL DUES PAID PRIOR TO 03/31/2025 WILL RECEIVE \$25 EARLY BIRD DISCOUNT*****

<p align="center">RETURNING MEMBERSHIPS, THOSE WHO HAVE PAID THE INITIATION FEE</p> <p>\$ _____ Family Membership \$550 (Family, 3 or more residents of the same household)</p> <p>\$ _____ Dual Membership \$475 (One member, at least 21 years of age + additional member)</p> <p>\$ _____ Individual OR Senior Membership \$450 (Individual: Individual of at least 21 years of age, with no dependents) (Senior: 1 or 2 adults of 58 years of age or older with no dependents)</p>
<p align="center">NEW MEMBERSHIPS BELOW ARE SUBJECT TO AVAILABILITY.</p> <p>I/We, the undersigned, hereby apply for full membership in TVWRA and agree to pay</p> <p>\$ _____ Family Membership \$1,050 (\$500 initiation + \$550) at time of joining</p> <p>\$ _____ Dual Membership \$975 (\$500 initiation + \$475) at the time of joining</p> <p>\$ _____ Individual OR Senior Membership \$950 (\$500 initiation + \$425) at time of joining</p>

ALL RETURNING MEMBERS AND NEW APPLICANTS MUST SIGN BELOW

I/We agree to abide by all the rules and regulations of the Association with the knowledge that failure to comply may result in termination of membership without refund of dues. I hereby release and hold harmless TVWRA and its officers, employees, volunteers, and other participants of and from, and do discharge and waive, any and all claims, demands, losses, damages and liabilities that I may have or sustain arising out of my participation in recreational activities. I understand and appreciate that my participation carries a risk of serious injury, including permanent paralysis or death. I voluntarily recognize, accept and assume this risk.

SIGNATURE: _____ **Date:** _____ / _____ /2025

Make checks payable to "TVWRA." Must be postmarked by date designated above for applicable discount.

Mail to: **P. O. Box 29204 | Henrico, VA 23242** or Dropped off at: **2805 Brandon Creek Place | Henrico, VA 23233**

QUESTION? Julia Whritenour: TuckahoeVillageWestRA@gmail.com ; 804-305-0820