Pool Scholarship 2026

Forms MUST be returned to Talbot County Community Center. Membership Forms are NOT accepted at the pools.

Applicant must submit proof of Talbot County residency and financial assistance with this application

10028 Ocean Gtwy, Easton, MD 21601 ● Phone-410-770-8050 ● Fax-410-822-7107 ● parks@talbotcountymd.gov

Select Pool:

☐ **Bay Hundred Community Pool**
911 S. Talbot Street
St. Michaels, MD 21663

☐ **George Murphy Community Pool**
501 Port Street
Easton, MD 21601

Select Membership:

☐ **Individual**

☐ **Senior**
Ages 65+

☐ **Family**
Individuals that reside at the same address.

Primary Contact Information:

PLEASE PRINT CLEARLY

Primary Name: _____ **DOB:**_____

Address _____ **City** _____ **ZIP**_____

Cell Phone _____ **Alternative Phone** _____

Email_____

Family Members:

List remaining household members in addition to primary member:

1._____ **DOB:**_____

2._____ **DOB:**_____

3._____ **DOB:**_____

Additional Family Members:

1._____ **DOB:**_____

2._____ **DOB:**_____

3._____ **DOB:**_____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

_____ _____

Signature of Primary Member Date

No refunds for pool memberships.

For Office Use: Total Paid_____ Cash / Check / Charge Date_____ Staff Initials_____

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