### APPLICATION FOR MEMBERSHIP 2023

**MEMBERSHIP FEES**

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>R.P.</th>
<th>Bogota, Little Ferry, or Sponsored Bergen County Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 PERSON FAMILY *</td>
<td>$484.00</td>
<td>$616.00</td>
</tr>
<tr>
<td>2 PARENTS -2 CHILDREN or 1 PARENT -3 CHILDREN each additional child under 18</td>
<td>+ $66.00</td>
<td>+ $77.00</td>
</tr>
<tr>
<td>3 PERSON FAMILY *</td>
<td>$445.00</td>
<td>$561.00</td>
</tr>
<tr>
<td>2 PARENTS - 1 CHILD OR 1 PARENT - 2 CHILDREN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 PERSON FAMILY *</td>
<td>$407.00</td>
<td>$539.00</td>
</tr>
<tr>
<td>2 ADULTS or 1 PARENT - 1 CHILD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SINGLE - 18 OR OLDER</td>
<td>$258.50</td>
<td>$341.00</td>
</tr>
<tr>
<td>SENIOR CITIZEN COUPLE - 62 &amp; older</td>
<td>$258.50</td>
<td>$385.00</td>
</tr>
<tr>
<td>SENIOR CITIZEN SINGLE - 62 &amp; older</td>
<td>$137.50</td>
<td>$214.50</td>
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</tbody>
</table>

* CHILDREN UNDER 1 YEAR OF AGE - FREE

CUSTODIAL MEMBERSHIPS TO BE APPROVED BY THE POOL COMMISSION FOR CUSTODIAL CHILDREN - 14 - 17 YRS. @ $214.50

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**Opening Day Saturday May 27th thru May 29th**

**Weekends only June 3rd thru June 25th. Full time from June 26th-September 4th, 2023**

1. **Out-of-Town Memberships**: Pool members may sponsor a Bergen County family for a pool membership at out of town rates.
2. Families with a child attending school in RP are eligible for membership at the "out of town" fee.
3. All pool rules are available at the office. Please see manager on duty for a copy.
4. Any false information on this application will result in revocation of membership and forfeiture of fee.
5. Fees are not refundable after opening day.
6. "All membership fees" must be paid in full prior to pool facility use.
7. Membership guest fees: $20.00/person (adults & children) and must fill out a form with driver/sicence information, children under the age of 1 are free.
8. Absolutely NO alcohol allowed on pool grounds.

**Proof of membership requirements “MUST BE PRESENTED” with application.**

- Family residence: Utility bill
- Age Requirements: BIRTH CERTIFICATES FOR EACH CHILD
- Full time student: Valid college ID
- RP Student ID

I UNDERSTAND AND WILL COMPLY WITH THE ABOVE AND CERTIFY ALL INFORMATION ON THIS APPLICATION TO BE CORRECT.

SIGNATURE: ____________________________

DATE: ____________________________

TOTAL MEMBERSHIP FEE: $ __________
LESS DEPOSIT W/ APPLICATION: $ __________
BALANCE DUE BY MAY 27, 2023: $ __________

CHECKS MADE PAYABLE TO RP POOL

PRINT AND SIGN THIS APPLICATION
RETURN to Village Clerk's Office or mail to: Ridgefield Park Pool Commission 234 Main Street, Ridgefield Park, NJ 07660
For more information: poolcomm@ridgefieldpark.org
Pool Hours—Mon.-Fri. 12:00 pm-8:00 pm Saturday-Sunday 11:00 am-8:00 pm
Pool Hours AFTER August 20th: Mon.-Fri. 12:00 pm-7:30 pm Saturday-Sunday 11:00 am-7:30 pm

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**YOUR SIGNATURE DENOTES ACCEPTANCE OF ALL POOL POLICIES ____________________________**
SWIM AIDS WILL BE ALLOWED AT THE POOL AT DISCRETION OF POOL MANAGER

Membership is open to Municipal Employees of Ridgefield Park, Bogota and Little Ferry.

Emergency Service Volunteers of Ridgefield Park, Bogota and Little Ferry receive a 50% discount on membership.

CUSTODIAL SINGLE MEMBERSHIP - 14 YEARS OF AGE TO 18 YEARS OF AGE MUST HAVE WRITTEN PERMISSION OF A PARENT, AS WELL AS EMERGENCY CONTACT PHONE NUMBERS.

@ $214.50 WITH APPROVAL OF COMMISSION.

AT THE MUNICIPAL BUILDING 8:30 am TO 4:00 pm, Monday through Friday, or at the MUNICIPAL POOL LOCATED AT THE BOTTOM OF HOBART STREET.

I HEREBY GIVE PERMISSION FOR: ______________________________________________________________________________________

(Child’s Name)   (Child’s Signature)

TO JOIN THE JOHN B. DAVIS MUNICIPAL POOL __________________________________________________________

(Parent’s Signature)

Emergency Phone Numbers:
Home:____________________________
Work:____________________________
Cell____________________________
Email Address:____________________

FOR OFFICE USE ONLY

Proof of membership requirements (check off documents that have been presented with application)

- Family residence: Utility bill
- Age Requirements: BIRTH CERTIFICATES FOR EACH CHILD
- Full time student: Valid college ID
- RP Student ID

Signature of office personnel that checked in application

(Signature)__________________________ (Date)____________________

MANAGERS SIGNATURE FOR FINAL APPROVAL:________________________