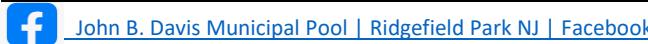


Village of Ridgefield Park
JOHN B. DAVIS MUNICIPAL POOL - 2025 MEMBERSHIP APPLICATION

#


[John B Davis Municipal Pool \(@ridgefieldparkpool\)](#)

Season Opens: May 24 (*open weekends only*) | Open Full Time, June 21 - September 1

Pool Hours: Mon - Fri, Noon - 8PM | Sat & Sun 11AM - 8PM (*until 7:30PM after Aug 20*)

Membership Category	2025 Full Season (RP Residents)	*2025 Full Season (Out of Town)	Subtotal
4 PERSON FAMILY (<i>under 1 yrs olds are Free</i>)			
2 PARENTS, 2 CHILDREN	\$500.00	\$630.00	\$ -
1 PARENT, 3 CHILDREN			
EACH ADDITIONAL CHILD UNDER 18	\$70.00	\$80.00	\$ -
3 PERSON FAMILY (<i>under 1 yrs olds are Free</i>)			
2 PARENTS, 1 CHILD	\$455.00	\$575.00	\$ -
1 PARENT, 2 CHILDREN			
2 PERSON FAMILY (<i>under 1 yrs olds are Free</i>)			
2 ADULTS	\$420.00	\$550.00	\$ -
1 PARENT-1 CHILD			
SINGLE ADULT (<i>18 yrs old or older</i>)	\$265.00	\$350.00	\$ -
SENIOR CITIZEN COUPLE (<i>62 yrs old or older</i>)	\$275.00	\$390.00	\$ -
SENIOR CITIZEN SINGLE (<i>62 yrs old or older</i>)	\$145.00	\$220.00	\$ -
CUSTODIAL MEMBERSHIPS **			
14-17 yrs old requires written parent permission & emergency contact. Subject to approval.	\$220.00	\$ -	
EMERGENCY SERVICE VOLUNTEERS (RP, Bogota & Little Ferry) - 50% discount		\$ -	
DAILY GUEST PASS Must complete form w/driver's license information	\$20 per person <i>(adults & children)</i>	\$25 per person <i>(adults & children)</i>	\$ -
Total Membership Fees (<i>non-refundable, must pay in full</i>)			\$ -

Accepted Payment Source

check off payment type

Card (<i>2.95% fee</i>)	
Check (<i>payable to Ridgefield Park Pool</i>)	
Cash	

* Families with a child attending school in RP are eligible for membership at the "out of town" fee.

Last Name:

First Name:

Full Address:

Home / Mobile:

eMail:

Member's Full Name	DOB	Relationship

List Medical Information (Allergies, Diabetes, Bee Stings etc.) Member's Name /Doctor's Phone Number

**** Custodial Membership: (Only if Applicable)**

I hereby give permission for *(child name)* _____ to join the JBD Municipal Pool

(Parent Print Name) _____ *(Signature)* _____

(Mobile) _____ *(Emergency number)* _____

RIDGEFIELD PARK POOL POLICIES & REGULATIONS

1. No diving in the main pool or playing in the lap lane of the main pool.
2. No alcohol smoking/vaping, drugs or loud music allowed. Offenders will be denied admission.
3. It's a family establishment. Appropriate swim suit is required.
4. Children in kiddy pool must be accompanied by an adult & must wear swimming diapers under bathing suit (if not potty trained).
5. Any person with excessive sunburn, open blisters, cuts or bandages will be denied admission.

SWIMMING POOL WAIVER

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all associated activities with swimming in our public pool.

By my signature below, on behalf of my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claims or cause of action against and release from liability the Village of Ridgefield Park, its officers, employees, and agents for injuries to my person or property resulting from my use of the facility or participation in the activity listed below;
2. Agree to indemnify and hold harmless the Village of Ridgefield Park, its officers, employees, and agents for any claims, causes of action, or liability to any person arising from my use of the facility or participation in the activity listed below;
3. Consent to receive any medical treatment deemed advisable in the event of injury, accident, or illness during these activities; and
4. Acknowledge that a participant under 18 years of age signing below as a minor child, a signature is required by the parent or legal guardian of the minor child participate.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

IMPORTANT: I read, understood and will comply with the Pool Policies & Regulations, Swimming Pool Waiver and certify the information provided on this application is correct. Any false information on this application will result in revocation of membership and forfeiture fee.

Participant Print Name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____

Address: _____

Minors: under 18 years of age

Parent/Legal Guardian Printed Name: _____ **Relationship:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY: Proof of Membership Requirements (check off all documents that apply presented with application.

Family Residence (Utility bill)

Age Requirements (Birth Certificate)

Full time student (Valid college ID)

RP Student ID (Valid ID)

Driver's License # _____

Waiver signed: YES NO

Pool Application Approval (Main Office): _____ Date: _____

NOTE: If you are viewing the pool application online, please print, and take the completed form to the Main office at the Pool for admission.