RIDGEFIELD PARK POOL
APPLICATION FOR MEMBERSHIP 2021

MEMBERSHIP FEES**

<table>
<thead>
<tr>
<th>FAMILY TYPE</th>
<th>R.P.</th>
<th>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 PARENT - 3 CHILDREN</td>
<td>+ $66.00</td>
<td>+ $77.00</td>
</tr>
<tr>
<td>each additional child under 2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 PERSON FAMILY *</td>
<td>$445.00</td>
<td>$561.00</td>
</tr>
<tr>
<td>2 PARENTS - 1 CHILD OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 - MUST BE 14 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>
</tr>
</tbody>
</table>

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

1. Out-of-Town Memberships: Pool members may sponsor a Bergen County family for a pool membership at out of town rates.
2. Non-Member Guest Passes: Residents of Ridgefield Park, Bogota, or Little Ferry may purchase Daily Guest Cards ($20 Day Pass) and register for the day without a member being present.
3. Families with a child attending school in RP are eligible for membership at the "out of town" fee.
4. All pool rules are available at the office. Please see manager on duty for a copy.
5. Any false information on this application will result in revocation of membership and forfeiture of fee.
6. Fees are not refundable after opening day.
7. "All membership fees” must be paid in full, prior to pool facility use.
8. Membership guest fees: $20.00/person (adults & children) children under the age of 2 are free.
9. AUGUST ONLY: Memberships 20% off.

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/ Tuition receipt
- RP Student: Report card/schedule

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

SIGNATURE: ____________________________
DATE: _________________________
TOTAL MEMBERSHIP FEE: $ ___________

CHECKS MADE PAYABLE TO RP POOL COMMISSION
PAYMENT MAY BE MADE BY INSTALLMENTS
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- TBD

For additional information please visit www.ridgefieldpark.org
NO SWIM AIDS WILL BE ALLOWED AT THE POOL

Membership is open to Municipal Employees of Ridgefield Park, Bogota and Little Ferry as well as Emergency Service Volunteers of Ridgefield Park, Bogota and Little Ferry.

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.

MEMBERSHIP FOR A 14 TO 18 YEAR OLD MUST BE APPLIED FOR BY THE PARENT IN PERSON EITHER 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)

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 & Tuition receipt
- RP Student: Report card/schedule

Signature of office personnel that checked in application

_________________________ DATE: _______ MANAGERS SIGNATURE FOR FINAL APPROVAL __________________________