



RIDGEFIELD PARK POOL APPLICATION FOR MEMBERSHIP 2019



MEMBERSHIP FEES**	R.P.	Bogota, Little Ferry, or Sponsored Bergen County Residents
4 PERSON FAMILY * 2 PARENTS -2 CHILDREN or 1 PARENT -3 CHILDREN <i>each additional child under 22</i>	\$440.00 + \$60.00	\$560.00 + \$70.00
3 PERSON FAMILY * 2 PARENTS - 1 CHILD OR 1 PARENT -2 CHILDREN	\$405.00	\$510.00
2 PERSON FAMILY * 2 ADULTS or 1 PARENT- 1 CHILD	\$370.00	\$490.00
SINGLE - MUST BE 14 OR OLDER****	\$235.00	\$310.00
SENIOR CITIZEN COUPLE -62 & older	\$235.00	\$350.00
SENIOR CITIZEN SINGLE -62 & older	\$125.00	\$195.00

*** CHILDREN UNDER 1 YEAR OF AGE - FREE**

CUSTODIAL MEMBERSHIPS TO BE APPROVED BY THE POOL COMMISSION CUSTODIAL CHILDREN - UNDER 14 YRS. @ \$195.00

	LAST NAME	FIRST NAME	BIRTH DAY	MEDICAL CONDITIONS
ADULT				
ADULT				
CHILD				
CHILD				
CHILD				
CHILD				

HOME ADDRESS: _____ HOME PHONE: _____

CELL PHONE (For emergencies only): _____

Email Address: _____

TO MAINTAIN PERSONAL AND PUBLIC SAFETY, PLEASE LIST ANY PRE-EXISTING MEDICAL CONDITIONS. (WRITE ON BACK IF NEEDED)

YOUR SIGNATURE DENOTES ACCEPTANCE OF ALL POOL POLICIES _____

NEW FOR 2019: MAY 4TH FROM 10:00am -3:00 pm REGISTER AT THE POOL AND RECEIVE A 10% DISCOUNT ON A FULL SEASON MEMBERSHIP.

The pool will be open until 8:30 pm Mon.-Fri. from June 24th – Aug 7th

1. **AUGUST ONLY:** Memberships 50% off.
2. **Out-of-Town Memberships:** Pool members may sponsor a Bergen County family for a pool membership at out of town rates.
3. **Non-Member Guest Passes:** Residents of Ridgefield Park, Bogota, or Little Ferry may purchase Daily Guest Cards (5 Total Visits for \$75) and register for the day without a member being present.
4. Families with a child attending school in RP are eligible for membership at the "out of town" fee.
5. All pool rules are available at the office. Please see manager on duty for a copy.
6. Any false information on this application will result in revocation of membership and forfeiture of fee.
7. Fees are not refundable after opening day.
8. "All membership fees" must be paid in full, prior to pool facility use.
9. Membership guest fees: \$10.00/person (adults & children) children under the age of 1 are free.

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: \$ _____

LESS DEPOSIT W/ APPLICATION: \$ _____

BALANCE DUE BY MAY 24, 2019: \$ _____

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—Mon.-Fri. 12:00 pm-8:00 pm Saturday-Sunday 11:00 am-8:00 pm

June 24-Aug 2nd Mon.-Fri 12:00 pm-8:30 pm Saturday-Sunday 11:00 am-8:00 pm

***** 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 _____