

NEW RENEWAL

2010 POOL MEMBERSHIP FORM
 Senior, Youth & Leisure Services, 204 Hillside Avenue, Livingston, NJ 07039
 PH: 973-535-7925 Fax: 973-535-2949 Email: recreation@livingstonnj.org
 Make Checks Payable to: *Township of Livingston*

**PHOTOS
 REQUIRED FOR
 ALL MEMBERS
 AGES 3 AND UP**

PRINT: Last Name _____ Email: _____

Address: _____

Phone: Home: _____ Cell: _____ Work _____

OFFICE USE ONLY Photo Taken	Participant Name (include last name if different from above)	Relationship	Sex (M/F)	CHILD(REN) DATE OF BIRTH		OFFICE USE ONLY:
		Self				FEES:
		Partner		DOB (MM/DD/YY)	Age as of 12/31/2010	Membership: \$
						Replacement Pass: __@ \$15 \$
						Guest Badges: __@ \$8 \$
						TOTAL: \$
						Less: ____% \$
						TOTAL: \$

POOL FEES:	FAMILY	INDIVIDUAL	SR. COUPLE	SR. INDIVIDUAL
Through 3/18/10	<input type="checkbox"/> \$240	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130	<input type="checkbox"/> \$92
3/19/10—5/6/10	<input type="checkbox"/> \$275	<input type="checkbox"/> \$130	<input type="checkbox"/> \$145	<input type="checkbox"/> \$98
After 5/6/10	<input type="checkbox"/> \$320	<input type="checkbox"/> \$160	<input type="checkbox"/> \$160	<input type="checkbox"/> \$109

Rec'd By: _____ Date: _____
 BC Verified: _____ Cash: _____
 Check # _____

REGISTRANT MUST SIGN BELOW.

In consideration of your accepting our pool membership, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child (ren) may have against the Township of Livingston and its representatives, successors and assigns for any and all injuries suffered by myself, my family members or my guests. I hereby give permission for my family members' names and pictures to be used on the recreation website or for recreation publicity. In case of emergency, I hereby give the Township of Livingston permission to call emergency medical services to transport my child or myself to an appropriate medical facility. I hereby certify that the information given on this application is correct, and I will abide by the membership rules and regulations and will inform all family members and guests of the rules and risks involved at the swimming pools.

Signature: _____

Date: _____

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FOR OFFICE USE ONLY

PASSES RECEIVED

of Passes Received SIGNATURE _____ DATE _____

of Passes Received SIGNATURE _____ DATE _____

of Passes Received SIGNATURE _____ DATE _____

of Passes Received SIGNATURE _____ DATE _____