

**PHOTOS NEEDED
FOR ALL POOL
MEMBERS
AGES 3 & UP**

2009 POOL MEMBERSHIP FORM
Livingston Recreation Department, 204 Hillside Avenue, Livingston, NJ 07039
PH: 973-535-7925 Fax: 973-535-2949 Email: recreation@livingstonnj.org

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: Breakdown of Fees:
				DOB (MM/DD/YY)	Age as of 12/31/2009	
		Self				Membership: \$
		Partner				Membership: \$
						Lost Badges: \$
						Guest Badges: \$
						TOTAL: \$
						Adjust Fees:
						Less: %
						TOTAL: \$

Make Checks Payable to: *Township of Livingston*

POOL FEES:	FAMILY	INDIVIDUAL	SR. COUPLE	SR. INDIVIDUAL
Through 3/20/09	_____ \$225	_____ \$110	_____ \$120	_____ \$85
3/21/09—5/1/09	_____ \$250	_____ \$120	_____ \$135	_____ \$90
After 5/1/09	_____ \$295	_____ \$145	_____ \$150	_____ \$100

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

MEMBERSHIP COMPLETE

Complimentary Guest Badge

PASSES RECEIVED

of Passes Taken

SIGNATURE

DATE

of Passes Taken

SIGNATURE

DATE

of Passes Taken

SIGNATURE

DATE