

**PHOTOS NEEDED
FOR ALL NEW
MEMBERS AND
RENEWALS
AGES 3, 7, 11, 16**

2008 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 Card #	Participant Name (include last name if different from above)	Relationship	Sex (M/F)	CHILD(REN) DATE OF BIRTH		OFFICE USE ONLY:	
				DOB (MM/DD/YY)	Age as of 12/31/2008	Breakdown of Fees:	
		Self				Membership:	\$
		Partner				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 3/20/08	_____ \$225	_____ \$110	_____ \$120	_____ \$85
3/21/08—5/1/08	_____ \$250	_____ \$120	_____ \$135	_____ \$90
After 5/1/08	_____ \$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 faculty. 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

_____ # _____
Badges Validated Today Complimentary Guest Badge

SIGNATURE

_____/_____/_____
DATE

MEMBERSHIP INCOMPLETE

REASON

Must validate badge(s)

Photos Required

Other _____

First Name: _____ Date: _____

_____ _____
Badges Validated Today Signature & Date

_____ _____
Badges Validated Today Signature & Date