

Resident

# 2019 PARK RIDGE POOL REGISTRATION FORM

123 Colony Ave.

Non-Resident

DATE \_\_\_\_\_

Account #: \_\_\_\_\_  
Approved by: \_\_\_\_\_

*Please fill in all applicable information*

NAME \_\_\_\_\_  
(Last) (First) (Date of Birth)

SPOUSE'S NAME \_\_\_\_\_  
(Last) (First) (Date of Birth)

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

*For family membership list names and dates of birth of children only*

|    | First | Last | DOB | Sex |    | First | Last | DOB | Sex |
|----|-------|------|-----|-----|----|-------|------|-----|-----|
| 1. |       |      |     |     | 5. |       |      |     |     |
| 2. |       |      |     |     | 6. |       |      |     |     |
| 3. |       |      |     |     | 7. |       |      |     |     |
| 4. |       |      |     |     | 8. |       |      |     |     |

(Remember: Registration must be postmarked by May 22nd to receive lower rate.)

*Please check the type of membership requested:*

Please check if this is your first request for membership

**Resident:**

**FAMILY MEMBERSHIP** - \$410 / \$445 (circle one) - Full payment required.

**SINGLE MEMBERSHIP** - (18 years or older) - \$300 / \$335 (circle one) - Full payment required.

**SENIOR CITIZEN** - No charge - (Each person listed must be 65 years or older; anyone under 65 must register as a single. You must be at least 65 by September 7th this year). Park Ridge residents or Boro/B.O.E. employees **ONLY**.

**Non-residents** other than Boro/B.O.E. employees - **Please complete sponsor information on the other side of this form.**

**FAMILY MEMBERSHIP** - \$510 / \$545 (circle one)

**SINGLE MEMBERSHIP** - (18 years or older) - \$360 / \$395 (circle one)

**SENIOR CITIZEN INDIVIDUAL** - (Must be 65 years or older) - \$75 / \$110 (circle one)

**SENIOR COUPLE** - (Must be 65 years or older and living in same residence) - \$100 / \$135 (circle one)

Type of payment \_\_\_\_\_ Date processed \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_  Check # \_\_\_\_\_ or  Cash \_\_\_\_\_

I hereby certify that the information given above is correct and that I will abide by the membership rules and regulations.

***Please fill in this portion also:***

SIGNED: \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT # (BADGE #) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Resident

FAMILY  SINGLE  SENIOR CITIZEN

Non-Resident

FAMILY  SINGLE

**For first-time non-resident members only:**

Your 2019 Park Ridge registered pool member sponsor information:

Sponsor's name: \_\_\_\_\_

Sponsor's address \_\_\_\_\_

Sponsor's contact # Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**NOTE:** This information must be verified before we can process your application and issue you your validated I.D. Cards.

*Remember: sponsors may be any Park Ridge resident or any Park Ridge pool member.*