

LYNDHURST RECREATION DEPARTMENT  
LYNDHURST POOL MEMBERSHIP REGISTRATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Type of membership: Adult \_\_\_ Under 17 \_\_\_ Senior \_\_\_ Family \_\_\_

*(If this is a family membership please list the additional 3 members names on the back of this sheet)*

Seasonal Member (4 months) \_\_\_\_\_ Annual membership (1 year) \_\_\_\_\_

Method of payment circle one:      Cash      Check      Credit Card

**PARENTS/GUARDIAN POLICY AWARENESS FORM**

Residents purchasing pool memberships understand pool availability hours are subject to change without notice due to scheduling.

*Children under 16 must be supervised by an adult member at all times, and children 6 and under must have an adult in the water with them at all times.*

All members must adhere to posted pool policies at all times.

**\*\*\*NO REFUNDS\*\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
*For Department Use Only:*

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

If by check, Check #: \_\_\_\_\_ Membership Period: \_\_\_\_\_