LYNDHURST RECREATION DEPARTMENT
LYNDHURST POOL MEMBERSHIP REGISTRATION FORM

NAME: ____________________________________________

ADDRESS: ____________________________________________

CITY, STATE, ZIP _______________________________________________________

DATE OF BIRTH: _______________ TELEPHONE NO.: _______________________

EMAIL: ____________________________________________

Type of membership: Adult __ Under 17 __ Senior 60+ __ Family ___

If this is a family membership please print the additional 3 members’ names/birthdates:

______________________________________________________________________

Seasonal Member (4 months) ____ Annual membership (1 year) ____

Resident Special (2 months) ____ (valid between March 1st and October 31st)

Method of payment (circle one): Money Order Check Credit Card

(Make Money orders or checks out to: Township of Lyndhurst)

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: ___________________________