

**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:*

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

**Resident Special (2 months)** \_\_\_\_\_ *(valid between March 1<sup>st</sup> and October 31<sup>st</sup>)*

**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

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*For Department Use Only:*

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

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