

Mayor Bert Steinmann Presents...

**EWING TOWNSHP POOL SYSTEM
2017 POOL PERMITS APPLICATION**

The Township of Ewing is offering pool membership to the Ewing Pool System. The membership is good for the Hollowbrook Community Center (HCC), 320 Hollowbrook Drive and the Ewing Senior & Community Center (ESCC), 999 Lower Ferry Road. Pool hours for public ESCC - 12:00pm – 8:00pm (7:30pm after 8/14) daily, HCC week days 12:00 – 5:00pm, conditions permitting. ESCC pool will be open on the weekends of May 27, 28 & 29 (Memorial Day), June 3- 4,10-11,17-18, Both pools will be open weekdays starting Monday, June 19. ESCC will close Monday, September 4 Labor Day. HCC will close Sept 1st. Daily rates are available for residents or guests.

Resident pays by	3/31	4/1-7/31	8/1-9/4	Non-Residents pay by	3/31	4/1-7/31	8/1-9/4
Family _____	\$375	\$400	\$200	Family _____	\$625	\$650	\$325
Adult(18&over) _____	\$200	\$225	\$110	Adult(18&over)_____	\$350	\$375	\$200
Child (17&under)_____	\$125	\$150	\$65	Child(17&under)_____	\$175	\$200	\$100
Senior(over 60) _____	\$115	\$140	\$65	Senior(over 60) _____	\$175	\$200	\$100
Senior(2 or more)_____	\$200	\$225	\$110	Senior(2 or more)_____	\$325	\$350	\$175

FAMILY DEFINITION

A resident family is considered members of the same family unit permanently residing at the same legitimate Ewing address. A family unit is defined as parent(s), legal guardian(s) and their immediate dependents. A dependent is defined as a natural, foster or adopted child or any minors the adult(s) have legal custody of. Age is determined as of June 1st of the present year.

Family Last Name: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H) _____ (W) _____ (C) _____

<u>FIRST NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>SCHOOL</u>	<u>NOTES</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I hereby certify that all statements written on this form are true. I understand that falsification of information will result in being removed from the program and forfeiting all money paid for the program or to the Ewing Recreation Department. There are no refunds once member has used pool facility. The Recreation Department reserves the right to make exceptions when appropriate.

Signature _____ Date _____

-----FOR OFFICE USE ONLY-----

RECEIVED BY _____ DATE _____ RECEIPT # _____ MUNICIPALITY _____

AMOUNT PAID _____ CASH _____ CHECK# _____ CC _____

ACKNOWLEDGMENT OF RISK

Program: Ewing Township Swimming Pools
Hollowbrook Community Center and Ewing Senior and Community Center

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in the above-mentioned activity presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death.

While the possibility of serious injury to participants is unlikely, it is important that all participants and parents realize that these risks do exist.

PARENT / GUARDIAN AGREEMENT

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in this program. I have received, read and understand the risks and have discussed them with my child. He/she understands that he/she must obey all rules and regulations follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. My child and I understand the risk associated with this program, and my child and I agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in the Ewing Swimming Pools and I agree that it is incumbent upon me to immediately inform the Ewing Township staff should the minor's physical condition change at any time prior to or during his/her participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Township permitting the name minor to participate in the previously mentioned program, the undersigned, being the parent(s) or legal guardian of _____ hereby waive and relinquish all claims I (we) may have as a result of said minor participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department and Ewing Township Mayor and Council, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its officers, agents, servants, and employees from any and all such claims.

Family Members _____

Parent or Legal Guardian [indicate which] _____
SIGNATURE