

SENIOR SWIM & WATER AEROBICS 2024

SPONSORED BY EWING SENIORS

EWING RESIDENTS ONLY \$50.00 Limited space sign up by 6/1

NOTE: Residents, if you have an individual or family seasonal pass
Membership fee is waived.

Monday, June 17th Friday, June 21st, (Free Swim)

Monday, June 24 - Friday, August 23 (Sr Swim Program w Instructor)



Ewing Senior & Community Center 999 Lower Ferry Rd, Ewing

Monday, June,17th - Friday, June 21st (Free Swim)

Water Aerobics: Monday-Friday...9:30 AM-10:30AM

Free/Lap Swim : Monday-Friday..9:30AM– 12 Noon

**Hollowbrook Community Center
320 Hollowbrook Drive, Ewing, NJ 08638**

Water Aerobics

Monday-Friday, 9AM-10:00AM

Last week in August 8/26-8/30 (free swim)

Contact the Senior Office at 609.883-1776 for additional information

Please note: Pool is open to the public: 12 Noon-8 PM– daily fees apply

REGISTER ON– COMMUNITY PASS.NET

Mayor Bert Steinmann Presents...
EWING TOWNSHIP POOL SYSTEM

2024 Senior Pool/Senior Swim Aerobics 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 the public- ESCC & ESCC 12:00pm-8:00pm (7:30pm after 8/13 daily. Escc pool will be open on the weekends of May 25,26, 27.(Memorial Day) June 1,2,8,9,15,16 open on weekends starting Monday, June 17-thru Sept-2. ESCC (Sat & Sun), HCC pool open for parties only on Saturdays.

Residents pay by 4/10 4/11-7/31 8/1-9/2 Non-Residents pay by 4/10 4/11-7/31 8/1-9/2

Senior (over 60) \$125 \$150 \$65 Senior (over 60) \$175 \$200 \$100

Senior (2 or more) \$200 \$225 \$225 Senior (2 or more) \$325 \$350 \$175

* **Senior Swim Program \$50.00pp non-Resident not eligible**

LAST NAME _____ FIRST _____ DOB _____

LAST NAME _____ FIRST _____ DOB _____

(2ND SR)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL _____ EMERG# _____

I hereby certify that all statement 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 the pool facility. The Recreation Department reserves the right to make exceptions when appropriate.

Signature

Signature #2

Date

RECEIVED BY _____ DATE _____ RECEIPT# _____ AMOUNT PAID _____

CASH _____ CHECK# _____ CC _____ MUNICIPALITY _____

ACKNOWLEDGMENT OF RISK

Program: Ewing Township Swimming Pools – SENIOR SWIM/AQUATIC PROGRAM
Hollowbrook Community Center and Ewing Senior and Community Center

I am aware that participating in this activity may be dangerous and could involve risk of injury. I realize that participation in the above-mentioned activity could possibly present a risk, which includes may include 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 _____ is unlikely, it is important that all participants realize that these risks do exist.

I also recognize and acknowledge that there are certain risks of physical injury inherent in the participation of this program. I have received, read, and understand the risks. I understand that I 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. I understand the risk associated with this program, and I agree that it is my responsibility in making this program a safe one.

I certify that I am in proper physical condition for safe participation in the **Ewing Senior Swim (Aquatic Program) or Lap Swim Program**, and I agree that it is incumbent upon me to immediately inform the **Ewing Senior Division & Ewing Recreation** under the **Department of Community Affairs**, staff should my physical condition change at any time prior to, or during my 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 **Ewing Township Senior Division & Ewing Recreation**, under the **Department of Community Affairs**, and the undersigned _____ hereby waive and relinquish all claims I may have as a result of participating in the program against the **Ewing Township Recreation Commission, Ewing Township Recreation Department, Ewing Township Department of Community Affairs, Ewing Senior Division, 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 _____ 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.

Signature: _____ **2nd Signature:** _____

Please Print Name: _____ **2nd Print Name** _____

Date: _____