

ABINGTON TOWNSHIP SWIMMING POOL APPLICATION

Please Print Clearly

APPLICANT'S NAMES	D.O.B.	SCHOOL	BAR CODE #	AMOUNT
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Message Area

Base Fee _____

Add'l Person(s) _____

Daily and Non-Resident Membership Guest Pass(es) _____

Total _____

Change of Address from last year Yes No

--- FOR NON-RESIDENTS ONLY ---

Check Pool Attending: Crestmont _____ Penbryn _____

WAIVER

I/we the parent/s or guardian/s of the aforementioned child/children agrees that he/they shall be subject to the rules and regulations of the Township of Abington, Parks and Recreation, and will provide a Health certificate of the aforementioned applicant/s upon request of the Township.

I/we hereby agree to forfeit all swimming privileges if I and/or my children permit the use of my/their ID Card by any other person than myself/ourselves.

Furthermore, I/we do hereby waive, release, and hold harmless the Township of Abington, it's officers, employees, and agents and representatives for any injury that I/we may myself/ourselves suffer while on Township property and in the use of any Township property or facilities.

Your ID Cards are permanent and should be kept from year to year. A charge will be assessed for lost cards.

**Parent's/Individual's
Signature** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____

Emergency _____

Phone _____ **Relationship** _____

E-mail Address _____

PAYMENT TYPE

CASH _____

CHECK # _____

VISA/MASTERCARD/DISCOVER 16 DIGIT # _____

_____ EXP _____ (mm/yyyy)

Card Security Code _____ (Located on back of card)

FOR OFFICE USE RECEIVED BY: DATE: