2009 SWIM POOL APPLICATION- NEW MEMBERS

Type of Membership	Rate thru April 30th	Rate Beginning May 1st
Resident Family (Includes children not yet 23 by 7/01/09)	$310.00	$320.00
Resident Couple/Parent/child(Applies to children not yet 23 by 7/01/09)	$225.00	$235.00
Resident Individual (12 years & older)	$150.00	$155.00
Resident Sr. Citizen (62 years & older)	$ 55.00	$ 60.00
Resident Sr. Couple (Both seniors must be 62 years of age)	$ 95.00	$100.00
Non-Resident Family (Includes children not yet 23 by 7/01/09)	$465.00	$480.00
Non-Resident Couple/Parent/child (Applies to children not yet 23 by 7/01/09)	$365.00	$375.00
Non-Resident Individual (12 years & older)	$295.00	$300.00
Non-Resident Sr. Citizen (62 years & older)	$115.00	$125.00
Non-Resident Sr. Couple (Both seniors must be 62 years of age)	$195.00	$200.00
Babysitter/Parent Helper(Must accompany a member at all times)	$100.00	$100.00

NOTE: Children under age 12 must be accompanied by an adult at all times. Children 12 years of age and older will be admitted to the pool without an adult only upon successful completion of a swimming proficiency test: Two laps of the pool width, using any stroke, and 30 seconds of treading water. It is the responsibility of the parent/guardian to approach the Pool Manager for such test.

Guest Punch Cards (10 guest visits per card) $70.00 x _____ card(s) = $_____

Lost Card Processing Fee(s) ____ cards @ $6.00 per card = $_____

If paying by cash, please have the exact amount.
CASH ❑ CHECK ❑ # _____

ADDITIONAL CHARGES = $_____
MEMBERSHIP FEE = $_____
TOTAL PAYMENT =$_____

Make all checks payable to: **Township of Morris Swim Pool**
Send payments to: **Township of Morris Parks & Recreation, 50 Woodland Avenue, P.O. Box 7603, Convent Station NJ 07961-7603**

PLEASE PRINT CLEARLY – E-Mail Address: _____

Last Name: _____ Phone Number: _____ Emergency #: _____

Address: _____ Cell 1#: _____ Cell 2#: _____

Town, State, & Zip: _____ Resident ( ) Nonresident ( )

Adult's First Name: _____ 2nd Adult's Name: _____

Children's Names:	Birth Date: M/D/Y	Children's Names:	Birth Date: M/D/Y
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____

NOTE: Children 12 years of age and younger must be accompanied by an adult at all times.

ALL MEMBERSHIP FEES MUST BE PAID IN FULL WITH SUBMISSION OF THIS APPLICATION.
MEMBERSHIP IS NOT TRANSFERABLE AND FEES ARE NOT REFUNDABLE AFTER OPENING DAY OF THE SEASON.

I, the undersigned, have read and agree to abide by all the rules and regulations of the swim pool and will further agree to inform all other members listed on this application of these rules and regulations. All persons named above are members of the immediate family as defined in Chapter 67 of the Code of the Township of Morris. Falsification of the above application and/or misuse of ID cards will result in revocation of membership privileges and forfeiture of fees.

Signature: _____

DO NOT WRITE BELOW, FOR OFFICE USE ONLY:

DATE: _____ # FREE PASSES: _____ # OF GUEST BOOKS : _____ ID#: _____