

**BOROUGH OF HONESDALE
PARKS AND RECREATION
POOL MEMBERSHIP APPLICATION**

OFFICE USE: Entered By: _____ Amount Paid: _____ Date: _____ Method: _____ Cash _____ Check# _____
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TYPE OF MEMBERSHIP

_____ INDIVIDUAL (\$60) – _____ SENIOR (AGE 60 or older \$50) - _____ FAMILY* (\$100)

*Family Pass allows for adults, age 18 or over plus children living at the same address (up to 5 household members). Each additional member will require an additional \$20 to the Family Membership and MUST reside at the same address.

Please note: All children under the age of 3 MUST wear an approved swim diaper.

ADULT CONTACT: _____

Phone: _____ Email: _____

Home Address: _____

NAME: _____ AGE: _____ DOB Required: ____/____/____

NAME: _____ AGE: _____ DOB Required: ____/____/____

NAME: _____ AGE: _____ DOB Required: ____/____/____

NAME: _____ AGE: _____ DOB Required: ____/____/____

NAME: _____ AGE: _____ DOB Required: ____/____/____

Add'l Child (ADD \$20) _____ AGE: _____ DOB Required: ____/____/____

Add'l Child (ADD \$20) _____ AGE: _____ DOB Required: ____/____/____

Add'l Child (ADD \$20) _____ AGE: _____ DOB Required: ____/____/____

Please make us aware of any medical problems, allergies, etc., that you or members listed above may have.

Name: _____ NOTE: _____

Name: _____ NOTE: _____

Name: _____ NOTE: _____

I hereby apply for a season membership to the Borough of Honesdale Swimming Pool for the current season. I hereby release the Borough of Honesdale and/or their respective heirs, assigns, and employees from any liability due to personal or property injury resulting from my or my family's use of the pool facilities and amenities.

I agree that season membership passes are not transferable and non-refundable. I have read and attached pool rules and I acknowledge that membership privileges may be suspended or revoked for violations of rules and regulations, or for falsification on this application.

Signature _____ DATE: _____