

# Non Resident Pool Application

(HEAD OF HOUSEHOLD)

FAMILY NAME \_\_\_\_\_ FIRST \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # (\_\_\_\_) \_\_\_\_\_ OFFICE PHONE # (\_\_\_\_) \_\_\_\_\_

\*\* Email \_\_\_\_\_

**EMERGENCY CONTACT:** Please use a friend, neighbor or relative who can be reached *in case of emergency* when the above is not available.

NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

Please list first and last name of all family members, date of birth and relationship to name listed above

NAME	RELATIONSHIP	DOB	NAME	RELATIONSHIP	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Membership Category**

**Fee Prior to February 1st**

Season Nonresident Family* Pool Membership	\$750.00	\$875.00
Season Nonresident Couple Pool Membership	N/A	\$650.00
Season Nonresident Individual Pool Membership	N/A	\$530.00
Season Nonresident Sr. Couple Pool Membership	N/A	\$450.00
Season Nonresident Sr. Individual Pool Membership	N/A	\$275.00
Pool Permit for live in "Nanny/Au Pair" (Live-in care giver supervising children at the pool)		\$165.00
10 Pass Guest Card (Available at Recreation Office only)		\$110.00
Guest Fee (adult or child ) to be paid at Pool Gate		\$15.00

**\*FAMILY DEFINITION\***

*\*Family is defined as a couple and/or single parent & unmarried children 25 and under living at home. All other relatives are not considered "family" and must purchase their own individual or family permits.*

Make check or money order payable to:

TOWN OF POUND RIDGE

By mail:

**Pound Ridge Recreation Dept.  
179 Westchester Ave.  
Pound Ridge, NY 10576**

**GENERAL WAIVER:**

I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Town of Pound Ridge, its Commission members, Employees, Representatives and Volunteers, for any and all injuries suffered by myself or my child(ren) at any activity sponsored by these groups. I understand all persons participate in Town Programs at their own risk.

Signature \_\_\_\_\_ Date \_\_\_\_\_