

# Robinson Township Pool

## Application For Use Of Swimming Pool 2009 Season

\_\_\_\_\_  
(Print Last Name)

Amount \$ \_\_\_\_\_  
(Cash or Checks only)

The undersigned, a citizen \_\_\_\_\_ (Residence: Twp. Boro)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Person in case of an Emergency : \_\_\_\_\_ Phone: \_\_\_\_\_

### Note:

This Membership Gives You Permission To Use The Robinson Township Swimming Pool For The Above Season, And By Joining, You Agree to Conform To All Rules And Regulations For The Operation Of The Park, Swimming Pool, And Bath House. Additional Rules That Are To Be Followed Are Posted at The Front Office Of The Pool Area.

#### All tokens **MUST** be securely **SEWN** onto the **BATHING SUITS. NO EXCEPTIONS!!!**

Applicant agrees that the use of the pool is at the risk of the bather.

Application of minors **MUST** be signed by parents or guardians.

Swimming tokens **are not transferable and will be forfeited** if presented at the gate by any person other than the one to whom the token is issued.

**The pool will close for the day during unstable weather.**

Children under the age of 12 must be accompanied by an adult (18 or older)

Children **MUST** be 4 years of age for the swimming and diving lessons.

- No floatation devices of any kind are permitted in the pool/facility.
- No play balls of any kind are permitted in the pool/facility.
- Babysitters are not considered part of the family unit.
- Anyone caught stealing, using profanity and/or destructive behavior will be banned for the season. **NO EXCEPTIONS.**

Token Number	Token to be issued in the name of:	(age, if under 21)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application is for a family unit; i.e.. father, mother and unmarried children living at home. All other types of family units must apply for memberships separately.

The above are members of my family and make their residence at the above address. I have read and agree with the above statements.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\* Please list below any medical conditions that our staff needs to be aware of, in case medical treatment is necessary: \_\_\_\_\_