

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. _____	_____	_____	_____	_____

Base Fee _____

Add'l Person(s) _____

Total _____

Change of Address from Last Year Yes No

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

POOL RULES AND REGULATIONS

I agree, for myself and/or for any additional family members or minors in my care, to comply with all Abington Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any additional family members or minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Abington Township facilities and/or participate in Abington Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

Parent's/Individual's Signature _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Emergency Phone _____ Relationship _____

PAYMENT TYPE

CASH _____ CHECK # _____ CREDIT _____

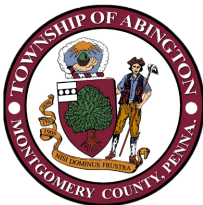
VISA/MASTERCARD/DISCOVER 16 DIGIT # _____ EXP _____ (mm/yyyy)

Card Security Code _____ (Located on back of card)

FOR OFFICE USE

RECEIVED BY:

DATE:



ABINGTON TOWNSHIP POOL PARTICIPANT LIABILITY WAIVER AND RELEASE

READ CAREFULLY BEFORE SIGNING- THIS FORM MUST BE COMPLETED AND SUBMITTED FOR ALL POOL MEMBERS. EACH MEMBER AGE 18 AND OVER MUST SIGN THIS FORM. PARENT/GUARDIAN MUST SIGN ON BEHALF OF ANY MINOR MEMBERS.

I acknowledge that I voluntarily have applied, for myself and/or any additional family members or minors in my care, to participate in program(s) and/or events offered by the Township of Abington, including pool membership or visiting the pool.

I understand that visiting and/or participation in activities at the pool involves risk of injury. I understand these risks are entirely my responsibility. I expressly assume these risks. In particular, I am aware of the risks and hazards inherent upon entering the pool area and I choose to voluntarily enter the premises, knowing the conditions might become more hazardous and/or dangerous for myself and I voluntarily assume all such risks, loss, damages, or injury that may be sustained by my entering and/or participation.

By signing this release of liability and participating in the program(s), and in consideration for being permitted to participate in the program(s), I do hereby, for myself, my heirs, executors, administrators and assigns, and/or for any additional family members and minors in my care, fully and forever release, indemnify, and discharge Abington Township and their officers, officials, departments, and other representatives and their heirs, administrators, successors and assigns, from any and all manner of action, cause of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative, and/or any minors in my care may have or acquire against Abington Township and their officers, agents and other representatives, by reason of any loss resulting from personal injury or damage to personal property belonging to me and/or any minors in my care which may occur during or by reason of my, and/or any additional family members' or minors' in my care visiting and/or participation in activities at the pool, whether the same be known or unknown, anticipated or unanticipated. I fully and forever release and discharge Abington Township and their volunteers and vendors, employees and agents from any and all negligent acts and omissions in the same. I hereby grant Abington Township and any of its officials, officers, agents and other representatives full authority to take whatever action they may consider to be warranted regarding my, and/or any additional family members' or minors' in my care, health and safety, and I fully release Abington Township, its officials, officers, agents and other representatives from any liability for such actions taken on my behalf or on behalf of any additional family members or minors in my care.

I understand that no health and/or accident insurance is provided by Abington Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

Please print clearly:

ADULT INFORMATION: Each person age 18 or over must sign this form.

Date of Signatures: _____

Adult Member 1 (Print): _____ Signature: _____

Please continue to the next page.



Adult Member 2 (Print): _____ Signature: _____

Adult Member 3 (Print): _____ Signature: _____

Adult Member 4 (Print): _____ Signature: _____

MINOR INFORMATION: If the participant is a minor, parent/guardian must sign below:

Date of Signatures: _____

Minor Member 5 (Print): _____

Parent/Guardian Signature for Minor Member 5: _____

Minor Member 6 (Print): _____

Parent/Guardian Signature for Minor Member 6: _____

Minor Member 7 (Print): _____

Parent/Guardian Signature for Minor Member 7: _____

Minor Member 8 (Print): _____

Parent/Guardian Signature for Minor Member 8: _____