

2018 Town of Islip Pool Membership Application

All pool members must have a current recreation card. Proof of age is required at time of registration.

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| <p style="text-align: center;"><u>FOR OFFICE USE ONLY</u></p> <p>Location of Pool Membership Pool Location _____</p> | <p style="text-align: center;"><u>POOL MEMBERS CHECK YOUR TYPE OF MEMBERSHIP</u></p> <p style="text-align: center;">Type of Membership: (check one)</p> <p> <input type="checkbox"/> Resident Family <input type="checkbox"/> Senior Citizen Family <input type="checkbox"/> Resident Individual <input type="checkbox"/> Senior Citizen Individual <input type="checkbox"/> Non-Resident Family <input type="checkbox"/> Handicapped Family <input type="checkbox"/> Non-Resident Individual <input type="checkbox"/> Handicapped Individual </p> |
| <p>Pool members are entitled to use the Ship Wreck cove at the Bay Shore Marina and any other town pool. Add a guest for \$50, includes babysitters, grandchildren on senior membership, or child 22 years an older who live in the pool member household. GUESTS CANNOT REGISTER FOR SWIM LESSONS. MAXIMUM 3 PER MEMBERSHIP. Contact the Sports Office to obtain a guest form, 631-224-5404.</p> <p style="font-size: 1.2em; font-weight: bold;"><u>NO REFUNDS WILL BE ISSUED AFTER JULY 9, 2018</u></p> | |

Family Last Name _____ Home Phone _____

Address _____

Spouse #1 Name _____ Date of Birth _____ Sticker # _____
(for official use only)

Spouse #2 Name _____ Date of Birth _____ Sticker # _____
(for official use only)

| Child's Name | Gender | Date of Birth | Sticker # (for official use only) |
|--------------|--------|---------------|-----------------------------------|
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| | | | |

List any medical limitations _____

I have read and understand the rules and regulations of the Town of Islip pool facilities, and that the use of the pool facilities is strictly at my own risk. I accept all conditions as stated therein.

Signature _____ Date _____

| | | |
|--------------------------------|------------------------------|--|
| Method of Payment: Cash _____ | Check _____ | Visa/MasterCard _____ |
| Visa/MasterCard #: _____ | 3-Digit Security Code: _____ | Billing Zip Code: _____ Exp. Date: _____ |
| Signature of Card holder _____ | | Date _____ |

FOR OFFICE USE ONLY: Receipt # _____ Date Received _____ Cashiers Initials _____

Town of Islip Pool Member Discounted Swim Lesson Application

Parent/Guardian Name _____ Date _____

Address _____ Town _____ Zip _____ State _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Check One: Byron _____

| Participants Name | Age | Date of Birth | Swim Level | Activity # | Section Letter Choice | | | Location/Site | Fee |
|--------------------|-----|---------------|------------|------------|-----------------------|-----------------|-----------------|---------------|------|
| | | | | | 1 st | 2 nd | 3 rd | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (Example) Jane Doe | 8 | 00/00/0000 | Level 3 | 110104 | R | S | X | Byron | \$30 |

A swim test will be given the first day of class to verify that you are in the appropriate swim level.

List any medical limitations _____

Parent/Guardian Signature if registering a child _____ Date _____